Schedule E)			PAGE 1 OF 114 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour	report New repo	ort Amends repor	rt filed on
Full Name of Payee Tylan S Green			Date of Public Distribution/Dissemination
Mailing Address 2320 Saint Nick Dr			10 08 2014 Amount
City New Orleans	State LA	Zip Code 70131	80.00  Transaction ID: 6fe1b971-2c54-4330-b  Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation  10 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	1	156053.65	Disbursement For:
Full Name of Payee Tylan S Green			Date of Public Distribution/Dissemination  10 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2320 Saint Nick Dr			Amount 08 2014
City	State	Zip Code	16.50
New Orleans	LA	70131	Transaction ID : a8c0d9a6-3526-49e7-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 / 08 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		156053.65	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent	Expenditures		96.50
(b) SUBTOTAL of Unitemized Independent	nt Expenditures		
(c) TOTAL Independent Expenditures			<b>&gt;</b>
	any candidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan	[Electron	ically Filed] Date	10 10 2014
Signature		_ · · · · · · · · · · · · · · · · · · ·	

	medule L)	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Donna S Wilson	10 08 2014
	Mailing Address 4456 Country Hill Dr	Amount
	City State Zip Code	30.00
	Baton Rouge LA 70816	Transaction ID : 5ac360a2-b47a-465e-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbut 156053.65	
		Other (specify) -
	Full Name of Payee  Donna S Wilson	Date of Public Distribution/Dissemination
	Mailing Address 4456 Country Hill Dr	10 08 2014 Amount
	City State Zip Code	10.50
	Baton Rouge LA 70816	Transaction ID : 4a94a074-0ad9-4ceb-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	10 08 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary X General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	40.50
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not make with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	(F) 4 · 11 F · 11	0 10 2014
	Signature	لـــــــــــــــــــــــــــــــــــــ

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OF

Schedule E)	IVI EXI EIVE	71101120		PAGE 3 OF 114 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FI	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	M / D = D / Y = Y = Y = Y
Full Name of Payee Regina R Mouton	,		М =	
Mailing Address 5827 Brighton Pl			Amount	0 08 2014
City	State	Zip Code		25.00
New Orleans	LA	70131		tion ID : cef59c05-4b53-4527-b Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 10	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	
Calendar Year-To-Date Per Election for Office Sought		156053.65	Disbursement F 2014 Other	For: Primary
Full Name of Payee			Date of	Public Distribution/Dissemination
Regina R Mouton			M 10	
Mailing Address 5827 Brighton PI				30 2011
			Amount	
City	State	Zip Code		3.30
New Orleans	LA	70131		ion ID : bd2551fb-abd1-4ff6-9 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 10	0 08 7 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	
Calendar Year-To-Date Per Election for Office Sought		156053.65	Disbursement F 2014 Oth	For: Primary General er (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		· •	28.30
(b) SUBTOTAL of Unitemized Independent Expen	ditures		·· •	7
(c) TOTAL Independent Expenditures			· •	7
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or i	idate or authorize			
Ms. Emily Buchanan	[Electro	nically Filed] Date	4.0	10 2014
Signature				

Schedule E)	LIVI EXI EIVE	TI OTILO		PAGE 4 OF 114 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	: Distribution/Dissemination
Krystal A Wilson			10	08 / 2014
Mailing Address 448 Judson Dr			Amount	
City	State	Zip Code		34.50
Wake Forest	NC	27587		D: c533ec6f-339b-4975-9 rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	08 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President >	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	975953.37	Disbursement For: 2014 Other (sp.	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Krystal A Wilson			M M /	08 / 2014
Mailing Address 448 Judson Dr			Amount	
City	State	Zip Code		3.60
Wake Forest	NC	27587		: 5f817da9-e97e-478a-8 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	08 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President >	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		975953.37	Disbursement For: 2014 Other (sp	Primary
(a) SUBTOTAL of Itemized Independent Expen	ditures			38.10
, ,			7	7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		<b>•</b>	7 7
(c) TOTAL Independent Expenditures			<b>)</b>	
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	ndidate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 / 10	2014

Schedule E)	ENT EXILID	HONES	PAGE 5 OF 114 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Jodi Fountain			10 08 2014
Mailing Address 1010 S Dogwood Drive			Amount
City	State	Zip Code	40.00
Bogalusa	LA	70427	Transaction ID: 835c86da-a534-4a84-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 08 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought	7	156053.65	Disbursement For:  Primary  General
Full Name of Payee			Date of Public Distribution/Dissemination
Jodi Fountain			10
Mailing Address 1010 S Dogwood Drive			Amount
City	State	Zip Code	12.90
Bogalusa	LA	70427	Transaction ID : 3bebcaa1-548e-4a3f-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 08 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	.,,	156053.65	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	litures		52.90
			7 7
(b) SUBTOTAL of Unitemized Independent Expe	enditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			·
	didate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>J</b>			

Schedule E)		TOTILO		PAGE 6 OF 114 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hour report	X New repo	ort Amends repo	rt filed on	/ D = D / Y = Y = Y = Y
Full Name of Payee Daniel E Collison			_M = M	iblic Distribution/Dissemination
Mailing Address 3315 Cardinal Ridge Rd			Amount	08 2014
City	State	Zip Code		20.00
Greensboro	NC	27410		on ID: e4925e95-3ac1-427c-8 sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	08 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	9	75953.37	Disbursement For 2014 Other	r: Primary X General (specify) ▶
Full Name of Payee Daniel E Collison			M = M	
Mailing Address 3315 Cardinal Ridge Rd			Amount	08 2014
City	State	Zip Code		2.10
Greensboro	NC	27410		n ID : d9c8c6b4-ef17-4edc-9 sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	08 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	975953.37	Disbursement For 2014 Other	r: Primary X General (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.			<b>.</b>	22.10
(b) SUBTOTAL of Unitemized Independent Expenditure	es		<b>•</b>	
(c) TOTAL Independent Expenditures			·	7 1 7 1 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized			
Ms. Emily Buchanan Signature	[Electroni	cally Filed] Date	10 / 1	

Schedule E)	INI EXI END			PAGE 7 OF 114 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC				C00530766
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	ort filed on	D = D / Y = Y = Y = Y
Full Name of Payee Corey S McKnight			M = M /	Distribution/Dissemination
Mailing Address 1510 Bailey St			Amount	08 2014
City	State	Zip Code		40.00
West Monroe	LA	71292		D: eb9f0ace-a233-4812-b rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbu	08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	-	156053.65	Disbursement For: 2014 Other (spe	Primary X General
Full Name of Payee			Date of Public	Distribution/Dissemination
Anthony Buchanan			M M /	08 / 2014
Mailing Address 1090 McHone Rd			Amount	
City	State	Zip Code		75.00
Spruce Pine	NC	28777		: c374fc06-6829-4f66-b rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	08 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President >	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		975953.37	Disbursement For: 2014 Other (sp	Primary
(a) SUBTOTAL of Itemized Independent Expendi	tures			115.00
(b) SUBTOTAL of Unitemized Independent Exper	nditures		·	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any canoparty committee) any political party committee or	lidate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 10	2014

	Siledule Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	neck if 24-hour report X 48-hour report New report Amends report filed	i on Mam / Dad / Yayayay
	Full Name of Payee	Date of Public Distribution/Dissemination
	Heather A Smith	10 08 2014
	Mailing Address 995 Clairborne Rd	Amount
	City State Zip Code	43.00
	Calhoun LA 71225	Transaction ID : c653ea4b-6f62-4fd1-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	10 08 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbrace 156053.65  Disbrace 2014	
		U Other (specify) ▶
	Full Name of Payee  Heather A Smith	Date of Public Distribution/Dissemination
	Mailing Address 995 Clairborne Rd	10 08 2014 Amount
	City State Zip Code	19.80
	Calhoun LA 71225	Transaction ID : 311b18de-6538-42be-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	10 08 2014
	Name of Federal Candidate Support Offic	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For: Primary X General  Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	62.80
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
		10 10 2014
	Signature	

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OF

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee	Pate of Public Distribution/Dissemination
Eric J Smith	10 08 2014
Mailing Address 4967 Dysartville A	mount
City State Zip Code	80.00
Morganton NC 28655 Ti	ransaction ID: 01d3ed16-4f5e-4572-a Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	10 08 7 2014
Name of Federal Candidate Support Office So	ought: House District:00
Ms Kay Hagan	resident State: NC
Calendar Year-To-Date Per Election for Office Sought  Disburse 2014	ement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Jennifer E Smith	10 08 2014
Mailing Address 4967 Dysartsville Rd	Amount
City State Zip Code	80.00
	ansaction ID: 81ecc01e-cd0c-4ec1-a Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	10 08 / 2014
Name of Federal Candidate Support Office S	ought: House District: 00
Ms. Kay Hagan Oppose Pr	resident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought  Disburse 2014	ement For:
(a) SUBTOTAL of Itemized Independent Expenditures	160.00
(b) SUBTOTAL of Unitemized Independent Expenditures	1141141141
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, o party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	10 2014
Signature	

PAGE

OF

				FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends rep		W = M / D = D / Y = Y = Y
Full Name of Payee			Date	of Public Distribution/Dissemination
Jennifer E Smith				10 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4967 Dysartsville Rd			Amou	unt
City	State	Zip Code		7.50
Morganton	NC	28655		saction ID: c003edd1-166b-4a0f-b of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		10 08 2014
Name of Federal Candidate		Support	Office Sough	ht: House District: 00
Ms. Kay Hagan		X Oppose	Presid	NO.
Calendar Year-To-Date Per Election for Office Sought	,	975953.37	Disbursemen 2014	nt For:
Full Name of Payee James A Sears  Mailing Address 305 Averroe Dr				of Public Distribution/Dissemination
			741101	
City Apex	State NC	Zip Code 27502		20.00 action ID : bbc435b9-087b-45ea-8
Purpose of Expenditure Salary		Category/ Type 001		of Disbursement or Obligation  M 10 08 2014
Name of Federal Candidate		Support	Office Soug	ht: House District: 00
Ms. Kay Hagan		Oppose	Presid	dent State: NC
Calendar Year-To-Date Per Election for Office Sought	7	975953.37	Disburseme 2014	nt For:
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		•	27.50
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		·· •	
(c) TOTAL Independent Expenditures			· •	1 7 1 1 7 1
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candid party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	e 10	10 / 2014
Signature				

PAGE

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OF

Full Name of Payee Alice K Salazar  Mailing Address 605 W Houston St  Amount  City State Zip Code Marshall TX 75633  Purpose of Expenditure Salary  Name of Federal Candidate Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Alice K Salazar  Mailing Address 605 W Houston St  Category/ Type  Disbursement For: Primary General Candidate Per Election for Office Sought  Transaction ID: 4afaa600-d8c2-4534-50 Date of Disbursement or Obligation  Min 10 0 08 2014  Transaction ID: 4afaa600-d8c2-4534-50 Date of Disbursement or Obligation  Min 10 0 08 2014  Date of Public Distribution/Dissemination  Disbursement For: Primary General Candidate Alice K Salazar  Date of Public Distribution/Dissemination  Transaction ID: fb13b67e-17a7-4907-a Date of Public Distribution/Dissemination  Transaction ID: fb13b67e-17a7-4907-a Date of Disbursement or Obligation  Transaction ID: fb13b67e-17a7-4907-a Date of Disbursement or Obligation  Transaction ID: fb13b67e-17a7-4907-a Date of Disbursement or Obligation  Transaction ID: fb13b67e-17a7-4907-a Date of Public Distribution/Dissemination  Transaction ID: fb13b67e-17a7-4907-a Date of Disbursement or Obligation  Transaction ID: fb13b67e-17a7-4907-a Date of Disb	nedule E)	XI LIIDI	TOTILS				PAGE 11 FOR SE OF F	OF 114 ORM 24/48
Check if 24-hour report  48-hour report  New report  Amends report filed on  The  Cooperation						FEC ID	DENTIFICATION	NUMBER ▼
Clity   State   Zup Code   Transaction ID : 4afaa600-d8c2-4534-50ate of Disbursement or Obligation   Purpose of Expenditure   Salary   Category/ Type   Oot   Transaction ID : 4afaa600-d8c2-4534-50ate of Disbursement or Obligation   Other (specify) ▶	omen Speak Out PAC					C	C00530766	
Alice K Salazar  Mailing Address 605 W Houston St  City State Zip Code 70.0  Marshall TX 75633  Purpose of Expenditure Salary 001  Name of Federal Candidate Senate State:   Calendar Year-To-Date Per Election for Office Sought TX 75633  Full Name of Payee Alice K Salazar  Mailing Address 605 W Houston St  Category/ Mileage Category/ Mileage Support Shape of Expenditure Mileage Support Shape of Expenditure Mileage Support Shape Senate State:   Category/ Mileage Category/ Mileage Support Shape Senate State:   Category/ Mileage Senate State:   Category/ Mileage Senate State:   Category/ Mileage Senate State:   Category/ Mileage Senate Sena	ck if 24-hour report X 48-hour report	New repo	ort Am	nends repo	rt filed on			
Mailing Address 605 W Houston St  City State Zip Code 70.00  Marshall TX 75633  Purpose of Expenditure Salary Category/ 001  Name of Federal Candidate Support Office Sought Senate State: Left Other (specify) ▶  Full Name of Payee Alice K Salazar  Mailing Address 605 W Houston St  City State Zip Code 70.00  Name of Pederal Candidate Support Office Sought Senate State: Left Other (specify) ▶  Full Name of Payee Alice K Salazar  Mailing Address 605 W Houston St  City State Zip Code 70.00  President Senate State: Left Other (specify) ▶  Date of Public Distribution/Dissemination Purpose of Expenditure Mileage Category/ 102 Transaction ID: 1613b67e-17a7-4907-a Date of Disbursement or Obligation Purpose of Expenditure Support Office Sought Senate State: Left Other (specify) Name of Pederal Candidate Support Office Sought Senate State: Left Other (specify) Name of Pederal Candidate Support Office Sought Senate State: Left Other (specify) Name of Pederal Candidate Support Office Sought Senate State: Left Other (specify) Name of Pederal Candidate Senate State: Left Other (specify) Name of Pederal Candidate Senate State: Left Other (specify) Name of Pederal Candidate Senate State: Left Other (specify) Name of Pederal Candidate Senate State: Left Other (specify) Name of Pederal Candidate Senate State: Left Other (specify) Name of Pederal Candidate Senate State: Left Other (specify) Name of Pederal Candidate Senate State: Left Other (specify) Name of Pederal Candidate Senate State: Left Other (specify) Name of Pederal Candidate Senate State: Left Other (specify) Name of Pederal Candidate Senate State: Left Other (specify) Name of Pederal Candidate Senate State: Left Other (specify) Name of Pederal Candidate Senate State: Left Other (specify) Name of Pederal Candidate Senate State: Left Other (specify) Name of Pederal Candidate Senate State: Left Other (specify) Name of Pederal Candidate Senate State: Left Other (specify) Name of Pederal Candidate Senate State: Left Other Senate State: Left Other Senate State: Left Other Se	Full Name of Payee				D	ate of Public	c Distribution/Di	ssemination
City State Zip Code 70.00  Marshall TX 75633  Transaction ID : 4afaa600-d8c2-4534- Date of Disbursement or Obligation  Support Office Sought: House District: Office Sought: House Distric								2014
Marshall   TX   75633   Transaction ID : 4afaa600-d8c2-4534-5   Date of Disbursement or Obligation   Purpose of Expenditure   Category/   Date of Disbursement or Obligation   Disbursement or Obligation   Date of Disbursement or Obligation   Disbursement or Obligation   Disbursement   Date of Disbursement   Disbursement   Date of Disbursement   Disbursement   Date of Public Distribution/Dissemination   Date of Public Distribution/Dissemination   Date of Public Distribution/Dissemination   Date of Disbursement   Date of	vialling Address 605 W Houston St				A	mount		
Marshall   TX   75633   Transaction ID : 4afaa600-d8c2-4534-5   Date of Disbursement or Obligation   Purpose of Expenditure   Category/   Date of Disbursement or Obligation   Disbursement or Obligation   Date of Disbursement or Obligation   Disbursement or Obligation   Disbursement   Date of Disbursement   Disbursement   Date of Disbursement   Disbursement   Date of Public Distribution/Dissemination   Date of Public Distribution/Dissemination   Date of Public Distribution/Dissemination   Date of Disbursement   Date of		ıte	Zip Code		— Г			70.00
Name of Federal Candidate    Support   Support   Support   Office Sought:   House   District:   Office Sought   Disbursement For:   Primary   General Part   Gene	Marshall T)	X						
Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Alice K Salazar  Mailing Address 605 W Houston St  City State Zip Code Mileage  Purpose of Expenditure Mileage  Name of Federal Candidate  Ms. Mary L Landrieu  Category/ Type  Coppose				001				2014
Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Alice K Salazar  Mailing Address 605 W Houston St  City State Zip Code Mileage Category/ Type 002  Name of Federal Candidate Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Amount  Category/ Type 002  Cate	Name of Federal Candidate			Support	Office So	ought:	House Dis	strict: 00
Per Election for Office Sought  Full Name of Payee Alice K Salazar  Mailing Address 605 W Houston St  City State Zip Code Marshall TX 75633  Purpose of Expenditure Mileage Category/ Mame of Federal Candidate Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Tansaction ID: fb13b67e-17a7-4907-a Date of Disbursement or Obligation  Monut  Category/ Type 002  Monut  Transaction ID: fb13b67e-17a7-4907-a Date of Disbursement or Obligation  Monut  Category/ Type 002  Monut  Transaction ID: fb13b67e-17a7-4907-a Date of Disbursement or Obligation  Monut  Category/ Type 002  Monut  Transaction ID: fb13b67e-17a7-4907-a Date of Disbursement or Obligation  Monut  Category/ Type 002  Monut  Transaction ID: fb13b67e-17a7-4907-a Date of Disbursement or Obligation  Monut  Category/ Type 002  Monut  Transaction ID: fb13b67e-17a7-4907-a Date of Disbursement or Obligation  Monut  Transaction ID: fb13b67e-17a7-4907-a Date of Disbursement For: Date President X Senate State: Landrieu  Calendar Year-To-Date Per Election for Office Sought  Tother (specify)   Other (specify)   117.40	Ms. Mary L Landrieu				Pr	esident	X Senate 5	State: <u>LA</u>
Alice K Salazar  Mailing Address 605 W Houston St  City State Zip Code Transaction ID: fb13b67e-17a7-4907-a Date of Disbursement or Obligation  Purpose of Expenditure Mileage Category/ Type 002 Tupe 00		. 1	56053.65					X General
Mailing Address 605 W Houston St  City State Zip Code  Marshall TX 75633  Purpose of Expenditure Mileage Category/ Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Mailing Address 605 W Houston St  Amount  Transaction ID : fb13b67e-17a7-4907-a Date of Disbursement or Obligation  M 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					С	ate of Public	c Distribution/Di	ssemination
City State Zip Code  Marshall TX 75633  Purpose of Expenditure Mileage  Category/ Type  Ou2  Name of Federal Candidate  Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Category/ Type  Ou2  Mo2  Transaction ID : fb13b67e-17a7-4907-a Date of Disbursement or Obligation  Mo8  Y 2014  Support  Office Sought: House District: O President Senate State: Late Disbursement For: Primary General Candidate  Other (specify)   Other (specify)   117.40								2014
Marshall  Purpose of Expenditure Mileage  Category/ Type  OD2  Name of Federal Candidate  Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Transaction ID : fb13b67e-17a7-4907-a Date of Disbursement or Obligation  M 10	Mailing Address 605 W Houston St				A	mount		
Date of Disbursement or Obligation  Purpose of Expenditure Mileage  Category/ Type  Og  Support  Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Date of Disbursement or Obligation  Ms. Mary L General Candidate  Support  Office Sought:  House District:  Oppose President  Senate State:  LA  Other (specify)  Other (specify)  117.40	City Sta	ate	Zip Code					47.40
Mileage  Name of Federal Candidate  Ns. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Category Type  O02  10  08  2014  No8  2014  Support  Office Sought: House District:  Oppose President  Senate State:  LA  Other (specify)  Other (specify)  117.40		X	75633					
Ms. Mary L Landrieu    Calendar Year-To-Date   President   Senate   State: LA				002				2014
Calendar Year-To-Date Per Election for Office Sought  Disbursement For: Primary 2014  Other (specify)  (a) SUBTOTAL of Itemized Independent Expenditures.	Name of Federal Candidate			Support	Office S	ought:	House Di	strict: 00
Per Election for Office Sought  156053.65  Other (specify)  (a) SUBTOTAL of Itemized Independent Expenditures	Ms. Mary L Landrieu		X	Oppose	Pr	esident	Senate	
		1 1 9	156053.6	5		$\neg$		X General
	a) SUBTOTAL of Itemized Independent Expenditures				. [			117.40
(b) SUBTOTAL of Unitemized Independent Expenditures	,				, _	7	7	45
	b) SUBTOTAL of Unitemized Independent Expenditures.				· • [	1 1 3		
(c) TOTAL Independent Expenditures	:) TOTAL Independent Expenditures				•	1 1 7	7	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or conc with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a politic party committee) any political party committee or its agent.	ith, or at the request or suggestion of, any candidate or	authorized						
Ms. Emily Buchanan  [Electronically Filed] Date 10 10 2014		[Electron	ically Filed]	Date	10 M			" Y

Schedule E)	1 OF INDEPENDEN	I EXPEND	TOTILS		PAGE 12 OF 114 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In	Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Ou	t PAC				C C00530766
Check if 24-hour report	48-hour report	New repo	ort Amends re	port filed or	1 M M / D D / Y Y Y Y Y
Full Name of Payee Timothy Foley					Date of Public Distribution/Dissemination
Mailing Address 20679	Glenbrook Terrace				10 08 2014 Amount
City		State	Zip Code	r	25.00
Sterling		VA	20165		Fransaction ID : 902e2f8c-adab-40f9-b Date of Disbursement or Obligation
Purpose of Expenditure Salary			Category/ Type 00	11	10 08 / 2014
Name of Federal Candid	date		Support	Office S	Sought: House District:00
Mr. Mark L Pryor			X Oppose	P	resident Senate State: AR
Calendar Year-To-D Per Election for Off			39583.69	Disburse 2014	ement For:
Full Name of Payee				Г	Date of Public Distribution/Dissemination
Dylan J Sparks					10 08 7 2014
Mailing Address 915	East Market Ave			A	Amount
City		State	Zip Code		70.00
Searcy		AR	72149		ransaction ID : faa43680-84d6-4210-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary			Category/ Type 00	1	10 08 7 2014
Name of Federal Candi	date		Support	Office S	Sought: House District: 00
Mr. Mark L Pryor			X Oppose	P	President Senate State: AR
Calendar Year-To-D Per Election for Of		7 7	139583.69	Disburs 2014	ement For:
(a) SUBTOTAL of Itemiz	ed Independent Expenditure	s		<b>,</b> [	95.00
(b) SUBTOTAL of Uniter	nized Independent Expendit	ures		<b>Г</b>	
( )	·				7 7
(c) TOTAL Independent	Expenditures			····· <b>&gt;</b>	
with, or at the request or		te or authorized			e in cooperation, consultation, or concert or (if the reporting entity is not a political
Ms. Emily Bu	chanan	[Electron	ically Filed] Da	ate 10	10 / 2014
-					

	medule L)	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Dylan J Sparks	10 08 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 915 East Market Ave	Amount
	City State Zip Code	74.70
	Searcy AR 72149	Transaction ID: 66359cd1-9894-4da1-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Mr. Mark L Pryor Oppose	President State: AR
	Calendar Year-To-Date Per Election for Office Sought  Disbut 139583.69  Disbut 139583.69	ursement For: Primary X General
	Per Election for Office Sought	Other (specify)
	Full Name of Payee  Devan J McNeil	Date of Public Distribution/Dissemination
	Mailing Address 2521 Corolla Hills Dr	10 08 2014 Amount
	City State Zip Code  Lenoir NC 28645	30.00 Transaction ID : ea8b39e7-b458-434f-9
		Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	10 08 7 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
		President State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	104.70
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
,	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	(7) ( 1) 7) 11	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	المنتقصا النما ال

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Schedule E)	PAGE 14 OF 114 FOR SE OF FORM 24/48						
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼						
Women Speak Out PAC							
	0 000000						
Check if 24-hour report	report filed on M M / D D / Y Y Y Y Y						
Full Name of Payee	Date of Public Distribution/Dissemination						
Jacob T Craig	10 08 7 2014						
Mailing Address 1410 Bushville Dr	Amount						
City State Zip Code	40.00						
Lenoir NC 28645	Transaction ID: 047ecda8-5fa1-4d48-b Date of Disbursement or Obligation						
Purpose of Expenditure Salary  Category/ Type	001 Date of Disbursement of Obligation  10 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
Name of Federal Candidate Suppo	ort Office Sought: House District: 00						
Ms. Kay Hagan Oppos	Trouse Blothot.						
Calendar Year-To-Date Per Election for Office Sought 975953.37	Disbursement For: Primary X General 2014 Other (specify) ▶						
Full Name of Payee	Date of Public Distribution/Dissemination						
Lorri Anderson	M - M / D - D / Y - Y - Y						
Mailing Address 7214 Duchamp Dr	10 08 2014						
Mailing Address 7214 Duchamp Dr	Amount						
City State Zip Code	50.00						
Charlotte NC 23215	Transaction ID: d5d1a5c6-611a-4533-9 Date of Disbursement or Obligation						
Purpose of Expenditure Salary  Category/ Type	001 10 08 7 2014						
Name of Federal Candidate Suppo	ort Office Sought: House District: 00						
Ms. Kay Hagan Oppos	se President X Senate State: NC						
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2014 Other (specify) ▶						
(a) SUBTOTAL of Itemized Independent Expenditures	90.00						
(b) SUBTOTAL of Unitemized Independent Expenditures							
(c) TOTAL Independent Expenditures	······· <b>&gt;</b>						
Under penalty of perjury I certify that the independent expenditures reported herein with, or at the request or suggestion of, any candidate or authorized committee or against committee) any political party committee or its agent.							
Ms. Emily Buchanan [Electronically Filed]	Date 10 10 2014						
Signature							

<b>,</b>					FOR SE OF I	FORM 24/48
NAME OF COMMITTEE (In Full)				FEC II	DENTIFICATIO	N NUMBER ▼
Women Speak Out PAC				C	C00530766	
Check if 24-hour report X 48-hour report	New repor	t Amends	report filed o	on Man	/ D D /	Y W Y W Y
Full Name of Payee				Date of Publi	ic Distribution/E	Dissemination
Lorri Anderson				10	08	2014
Mailing Address 7214 Duchamp Dr				Amount		
City	State Z	Zip Code		· · · · ·		4.80
Charlotte	NC 2	23215			ID: 3082251b- ursement or Ol	
Purpose of Expenditure Mileage		Category/ Type	002	M 10	08	2014
Name of Federal Candidate		Suppo	ort Office	Sought:	House D	istrict: 00
Ms. Kay Hagan		X Oppos	se	President	X Senate	State: NC
Calendar Year-To-Date Per Election for Office Sought	97	5953.37	Disburs 2014	sement For: Other (sp	Primary pecify) ▶	X General
Full Name of Payee Carla K Pilgreen  Mailing Address 212 Stonecliff Dr					ic Distribution/E	Dissemination 2014
City	State Z	Zip Code		· · · ·		60.00
West Monro		71291			D: 9c7ab724-2 ursement or O	
Purpose of Expenditure Salary		Category/ Type	001	10	/ 08 /	2014
Name of Federal Candidate		Suppo	ort Office	Sought:	House [	District: 00
Ms. Mary L Landrieu		X Oppos	se	President [	X Senate	State: LA
Calendar Year-To-Date Per Election for Office Sought	1 1 7	156053.65	Disbur 2014	sement For: Other (s	Primary pecify) ▶	General
(a) SUBTOTAL of Itemized Independent Expenditures			······ <b>•</b>	7	7	64.80
(b) SUBTOTAL of Unitemized Independent Expenditure	es		······			
(c) TOTAL Independent Expenditures			•			
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its agr	or authorized of					
Ms. Emily Buchanan Signature	[Electronic	ally Filed]	Date 10	M / D D D	/ Y Y 2014	
Signature						

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OF

Schedule E)	DENT EXTEND	ITORES	PAGE 16 OF 114 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Carla K Pilgreen			10 08 7 2014
Mailing Address 212 Stonecliff Dr			Amount
City	State	Zip Code	7.35
West Monro	LA	71291	Transaction ID : 26339ebe-2d08-410c-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 08 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		156053.65	Disbursement For:  Primary  General   2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Mary Johnson			10 08 2014
Mailing Address 105 South Dale St			Amount
City	State	Zip Code	75.00
Spruce Pine	NC	28777	Transaction ID : fed4037b-2a76-446e-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 08 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		975953.37	Disbursement For:  Primary  General  General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	ditures		82.35
(b) SUBTOTAL of Unitemized Independent Exp	penditures		· •
(c) TOTAL Independent Expenditures			•
	ndidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
=			

ocneat	,		FOR SE OF	FORM 24/48			
NAME OF COMMITTEE (In Full)  MANAGE OF COMMITTEE (In Full)  FEC IDENTIFICATION NUMBER ▼							
vvome	en Speak Out PAC	С	C00530766				
Check if	24-hour report	M = M	/ D = D /	Y Y Y			
		ate of Publi	ic Distribution/[	Dissemination			
	sey Stockton	10	08	2014			
Mailir	g Address 105 South Dale St	mount					
City	State Zip Code			75.00			
			ID: 671b230f- ursement or O				
Purpo Sala	se of Expenditure Category/	10	/ 08 /	2014			
Name	of Federal Candidate Support Office Sc	ought:	House [	District:00			
Ms.	Cov Hogon		X Senate	State: NC			
	Calendar Year-To-Date Per Election for Office Sought  Disburse 2014	ment For:	Primary	X General			
—		Other (s	pecify) 🕨				
Full I	lame of Payee Deey Stockton	M = M	lic Distribution/I	Y = Y = Y			
Maili	g Address 105 South Dale St	10	08	2014			
		mount					
City	State Zip Code			22.20			
	D		D: c9fd104c-foursement or O				
Purp Mile	see of Expenditure age Category/ Type 002	10 <sup>M</sup>	08	2014			
Nam	of Federal Candidate Support Office Sc	ought:	House [	District: 00			
Ms.			Senate	State: NC			
	Calendar Year-To-Date Per Election for Office Sought  Disburse 2014	ment For:	Primary pecify) ▶	X General			
(2) 51	BTOTAL of Itemized Independent Expenditures	Other (s	респу) Р	07.20			
(a) 30	BIOIAL OF REFINEED TROUBLE EXPENDITURES	7	7	97.20			
(b) Sl	BTOTAL of Unitemized Independent Expenditures		-				
(c) TO	TAL Independent Expenditures						
with, c	penalty of perjury I certify that the independent expenditures reported herein were not made at the request or suggestion of, any candidate or authorized committee or agent of either, or ommittee) any political party committee or its agent.						
	Ms. Emily Buchanan [Electronically Filed] Date 10	/ D D D	/ Y Y Y 2014				
Sig	nature						

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OF

Schedule E)	VI EXI EIVE	ITOTILO		PAGE 18 OF 114 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	/ D D / Y Y Y Y Y
Full Name of Payee			Date of Publ	ic Distribution/Dissemination
Avery Rodriguez			10	08 / 2014
Mailing Address 11 Cooper Lane			Amount	
City	State	Zip Code		130.00
Conway	AR	72034		ID: 75f3be08-c1aa-4a0c-9 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	08 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose		Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	139583.69	Disbursement For: 2014 Other (s	Primary
Full Name of Payee			Date of Publ	ic Distribution/Dissemination
Avery Rodriguez			10	08 2014
Mailing Address 11 Cooper Lane			Amount	
City	State	Zip Code		63.00
Conway	AR	72034		D: 751aed99-e41c-4f5f-8 oursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	08 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7 7	139583.69	Disbursement For: 2014 Other (s	Primary X General pecify) ►
(a) SUBTOTAL of Itemized Independent Expenditu	res			193.00
(b) SUBTOTAL of Unitemized Independent Expend	itures		•	4
(c) TOTAL Independent Expenditures			•	79
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 / 10	2014
- 9				

Sc	chedule E)	FLIND	ITOILS				PAGE 19 OF 114 FOR SE OF FORM 24/48
VΑ	ME OF COMMITTEE (In Full)					FFC II	DENTIFICATION NUMBER ▼
V	omen Speak Out PAC					C	C00530766
Ch	eck if 24-hour report X 48-hour report	New repo	ort Am	ends repo	rt filed on	M = M	/ D = D / Y = Y = Y
	Full Name of Payee Jennifer F Gilbert				Date	of Publi	c Distribution/Dissemination
	Mailing Address 180 McNeil Steep Hollow Rd				Amo	10	08 2014
					Amo	unt	
	City State Carriere MS		Zip Code 39426				55.00 ID : 1a7d2156-1732-480a-8
	Purpose of Expenditure Salary		Category/ Type	001	Date	M M M	ursement or Obligation  / 08 2014
	Name of Federal Candidate		<u>'</u>	Support	Office Souc	ht:	House District: 00
	Ms. Mary L Landrieu			Oppose	Presi	_	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	1	156053.65		Disburseme	nt For: Other (sp	Primary X General Decify) ▶
	Full Name of Payee				Date	of Publi	ic Distribution/Dissemination
	Jennifer F Gilbert					10	08 2014
	Mailing Address 180 McNeil Steep Hollow Rd				Amo	unt	
	City State		Zip Code				24.90
	Carriere MS		39426				D: c630af39-4858-487b-b ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002		10 <sup>M</sup>	08 / 2014
	Name of Federal Candidate			Support	Office Sou	jht:	House District:00
	Ms. Mary L Landrieu		X	Oppose	Presi	<u> </u>	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		156053.6	5	Disburseme 2014		Primary X General pecify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures						79.90
	(b) SUBTOTAL of Unitemized Independent Expenditures						
	(,						7 7
	(c) TOTAL Independent Expenditures				•	-7-	1171171
1	Under penalty of perjury I certify that the independent expe with, or at the request or suggestion of, any candidate or a party committee) any political party committee or its agent.						
	Ms. Emily Buchanan Signature	[Electron	ically Filed]	Date	10	10	2014
	- 3						

Schedule E)	PAGE 20 OF 114 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report	rt filed on
Full Name of Payee Lauren E Heffington	Date of Public Distribution/Dissemination
Mailing Address 488 Broadwell Dr	10 08 2014 Amount
City State 7in Code	20.00
City State Zip Code  Nashville TN 37220	20.00  Transaction ID: 0dab4cc5-3e08-438d-b  Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 08 2014
Name of Federal Candidate Support	Office Sought: House District: 00
Mr. Mark L Pryor Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee Claud B Murphy JR	Date of Public Distribution/Dissemination
Mailing Address PO Box 37	10 08 2014  Amount
City State Zip Code	20.00
East Bend NC 27018	Transaction ID : f6822406-8f18-4eac-b Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	10 D D D Z 2014
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought 975953.37	Disbursement For:  Primary  General  General  Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	40.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	·
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date Signature	10 / 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	LIVI EXI LIVE	TIONES		AGE 21 OF 114 DR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDEN	ITIFICATION NUMBER ▼
Women Speak Out PAC			C co	0530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D   D / Y   Y   Y   Y
Full Name of Payee Claud B Murphy JR				istribution/Dissemination
Mailing Address PO Box 37			10 /	08 2014
			Amount	
City	State NC	Zip Code	Transaction ID.	8.40
East Bend	INC	27018		<b>7e1d5195-4bdd-4ed7-9</b> ment or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	08 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		975953.37	Disbursement For: 2014 Other (specified)	Primary
Full Name of Payee			Date of Public D	istribution/Dissemination
Judith A Murphy			10	08 / 2014
Mailing Address PO Box 37			Amount	
City	State	Zip Code		20.00
East Bend	NC	27018		dac922ad-08ea-4ae3-8 ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	08 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	.,,,,	975953.37	Disbursement For: 2014 Other (speci	Primary
(a) SUBTOTAL of Itemized Independent Expendent	ditures			28.40
(a) CODICINE OF NOTICES INSOPONDON EXPON	310100		7	20.40
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•	
(c) TOTAL Independent Expenditures			<b>•</b>	
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee or	ndidate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 10	2014

Schedule E)		EXI ENDI	101120		PAGE 22 OF 114 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Fo					FEC IDENTIFICATION NUMBER ▼
Women Speak Out F	PAC				C C00530766
Check if 24-hour report	X 48-hour report	New repo	ort Amends re	port filed o	on M M / D D / Y Y Y Y Y
Full Name of Payee Amber N Robbins					Date of Public Distribution/Dissemination
Mailing Address 1074 A C	ottrell Hill Rd Apt A				10 08 2014 Amount
City		State	Zip Code		30.00
Lenior		NC	28645		Transaction ID : 01f939ed-21e0-4ad4-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary			Category/ Type 00	)1	10 08 7 2014
Name of Federal Candidat	e		Support	Office	Sought: House District: 00
Ms. Kay Hagan			X Oppose		President Senate State: NC
Calendar Year-To-Date Per Election for Office		9	75953.37	Disburs 2014	sement For:  Primary
Full Name of Payee Amber N Robbins  Mailing Address 1074 A	Cottrell Hill Rd Apt A				Date of Public Distribution/Dissemination
					Amount
City Lenior		State NC	Zip Code 28645	1	15.30  Transaction ID : f7d85385-48a6-4750-b  Date of Disbursement or Obligation
Purpose of Expenditure Mileage			Category/ Type 00:	2	10 08 Y Y Y Y Y Y Y
Name of Federal Candida	te		Support	Office	Sought: House District:00
Ms. Kay Hagan			X Oppose		President Senate State: NC
Calendar Year-To-Date Per Election for Office			975953.37	Disbur 2014	sement For: Primary X General  Other (specify) ▶
(a) SUBTOTAL of Itemized	Independent Expenditures			•	45.30
(b) SUBTOTAL of Uniterniz	red Independent Expenditur	es		····· <b>&gt;</b>	
(c) TOTAL Independent Ex	penditures			····· <b>&gt;</b>	
	uggestion of, any candidate	or authorized			de in cooperation, consultation, or concert or (if the reporting entity is not a political
Ms. Emily Buch	anan	[Electroni	ically Filed] Da	ate 10	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				_	

Mailing Address 1419 S Highbush Ave  City State Zip Code Fayetteville AR 72701  Transaction ID : 3be7b390-cf5c-4 Date of Disbursement or Obligation	IBER ▼
Check if 24-hour report	
Check if 24-hour report	
Kirsten E McKinney  Mailing Address 1419 S Highbush Ave  City State Zip Code Fayetteville AR 72701  Transaction ID: 3be7b390-cf5c-4 Date of Disbursement or Obligation	- Y - Y
Mailing Address 1419 S Highbush Ave  City State Zip Code  Fayetteville AR 72701  Transaction ID : 3be7b390-cf5c-4 Date of Disbursement or Obligation	nation
City State Zip Code  Fayetteville AR 72701  Transaction ID : 3be7b390-cf5c-4 Date of Disbursement or Obligation	14
Fayetteville AR 72701 Transaction ID : 3be7b390-cf5c-4 Date of Disbursement or Obligation	
Fayetteville AR 72701 Transaction ID : 3be7b390-cf5c-4 Date of Disbursement or Obligation	10.00
	69d-b
	)14
Name of Federal Candidate Support Office Sought: House District:	00
Mr. Mark L Pryor  Mr. Mark L Pryor  President  Senate State:	AR
Calendar Year-To-Date Per Election for Office Sought  Disbursement For: Primary 2014	General
Other (specify) ▶	
Full Name of Payee Kirsten E McKinney  Date of Public Distribution/Dissem	ination
Mailing Address 1419 S Highbush Ave  10 08 20  Amount	014
City State Zip Code	5.40
Fayetteville AR 72701 Transaction ID : f1e01470-b0a0-44 Date of Disbursement or Obligation	a5-a
Purpose of Expenditure Category/ Cat	)14 Y
Name of Federal Candidate Support Office Sought: House District:	00
Mr. Mark L Pryor	_AR
Calendar Year-To-Date Per Election for Office Sought  Disbursement For: Primary 2014  Other (specify) ▶	General
(a) SUBTOTAL of Itemized Independent Expenditures	.40
(b) SUBTOTAL of Unitemized Independent Expenditures	-
(c) TOTAL Independent Expenditures	-
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10 10 2014	
Signature	

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OF

Schedule E)	DENT EXILID	TIOTILO	PAGE 24 OF 114 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repo	rt New rep	port Amends repo	rt filed on
Full Name of Payee Timothy D Heitman			Date of Public Distribution/Dissemination
Mailing Address 2520 Helmstetler Rd			10 08 2014 Amount
City	State NC	Zip Code	20.80
Lexington Purpose of Expenditure Salary	NC .	27295 Category/	Transaction ID: ef35ff28-aa58-4877-b Date of Disbursement or Obligation
Name of Federal Candidate		Type 001 Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	975953.37	Disbursement For:
Full Name of Payee Timothy D Heitman			Date of Public Distribution/Dissemination
Mailing Address 2520 Helmstetler Rd			Amount 08 2014
City Lexington	State NC	Zip Code 27295	5.94 Transaction ID : 281c65a0-ea19-439c-b
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , , ,	975953.37	Disbursement For:  Primary  General  2014  General
(a) SUBTOTAL of Itemized Independent Expe	enditures		26.74
(b) SUBTOTAL of Unitemized Independent E	kpenditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			<b>•</b>
	andidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	IN EXILID	HONES	_	AGE 25 OF 114 OR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDEN	ITIFICATION NUMBER ▼
Women Speak Out PAC			C co	0530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public D	istribution/Dissemination
James E Dacus			10	08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 117 Cynthia Ave			Amount	
City	State	Zip Code		50.00
Farmington	AR	72730	I	c2e24ad3-85a3-4db4-b ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	08 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President X	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	-, -,	139583.69	Disbursement For:  2014  Other (speci	Primary
Full Name of Payee			Date of Public D	histribution/Dissemination
James E Dacus			10	08 / 2014
Mailing Address 117 Cynthia Ave			Amount	
City	State	Zip Code	<u> </u>	3.00
Farmington	AR	72730		63795816-c7b9-4392-b ement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	08 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		Oppose	President X	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7 7	139583.69	Disbursement For: 2014 Other (speci	Primary X General
(a) SUBTOTAL of Itemized Independent Expendi	tures			53.00
			7	4 4
(b) SUBTOTAL of Unitemized Independent Exper	nditures		<b>&gt;</b>	7
(c) TOTAL Independent Expenditures			<b>•</b>	4110
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any canoparty committee) any political party committee or	lidate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 10	2014
-				

Schedule E)	EXI LIVE	TOTILO		PAGE 26 OF 114 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	X New repo	ort Amends repo		M / D D / Y Y Y Y Y
Full Name of Payee			Date o	of Public Distribution/Dissemination
James E Dacus				10 08 7 2014
Mailing Address 117 Cynthia Ave			Amour	nt
City	State	Zip Code		50.00
Farmington	AR	72730		action ID : eb541789-0b63-4e06-a of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		10 08 / 2014
Name of Federal Candidate		Support	Office Sought	t: House District: 00
Mr. Mark L Pryor		X Oppose	Preside	ent State: AR
Calendar Year-To-Date Per Election for Office Sought	, 1	39583.69	Disbursement 2014 Ot	t For: Primary X General
Full Name of Payee			Date of	of Public Distribution/Dissemination
James E Dacus			М	10 08 2014
Mailing Address 117 Cynthia Ave			Amour	nt
City	State	Zip Code	$-\Gamma$	3.00
Farmington	AR	72730		ction ID : ed0fa124-a199-45c6-8 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		10 08 7 2014
Name of Federal Candidate		Support	Office Sough	t: House District:00
Mr. Mark L Pryor		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		139583.69	Disbursement 2014 Of	t For:
(a) SUBTOTAL of Itemized Independent Expenditures.				53.00
,,				7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditure	es		•	7 1 7 1 7
(c) TOTAL Independent Expenditures			•	7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ac	or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10	10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-				

Schedule E)	IVI EXI END	TIONES	<u> </u>	PAGE 27 OF 114 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			Cc	00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Caleb A Smith			M 10 /	08 / 2014
Mailing Address 2646 N Valencia			Amount	
City	State	Zip Code		40.00
Fayetteville	AR	72703		: 95ba8872-6043-4920-9 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	08 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President X	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	139583.69	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Caleb A Smith			10	08 / 2014
Mailing Address 2646 N Valencia			Amount	
City	State	Zip Code		12.60
Fayetteville	AR	72703		: fd7f1d0b-056c-4f31-b sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	08 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		Oppose	President X	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7 7	139583.69	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expendit	ıres			52.60
			7	4 4
(b) SUBTOTAL of Unitemized Independent Expen	ditures		<b>&gt;</b>	7
(c) TOTAL Independent Expenditures			<b>)</b>	7 7
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 10	2014
-				

Schedule E)	JENT EXI ENE	TI OTILO	PAGE 28 OF 114 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Lisa Booth			10 08 / 2014
Mailing Address 1434 South Avenue			Amount
City	State	Zip Code	100.00
Eden	NC	27288	Transaction ID : c704cc9a-b23c-4114-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 08 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		975953.37	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Lisa Booth			10 08 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1434 South Avenue			Amount
City	State	Zip Code	19.20
Eden	NC	27288	Transaction ID: 836c452e-cffe-413a-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 08 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		975953.37	Disbursement For:  Primary  General  2014  General
(a) SUBTOTAL of Itemized Independent Exper	nditures		119.20
(b) SUBTOTAL of Uniternized Independent Ex	oenditures		
(,,			4
(c) TOTAL Independent Expenditures			<b>&gt;</b>
	andidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	10 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
=			

	include Ly			FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
۷۱	/omen Speak Out PAC		С	C00530766	
Che	eck if 24-hour report X 48-hour report New report Amends report filed		M	/ D = D /	Y = Y = Y = Y
$\Box$	Full Name of Payee	Date o	of Pub	olic Distribution	<sup>/</sup> Dissemination
	Stuart T Haley		10 <sup>M</sup>	/ 08 /	2014
	Mailing Address 600 W Vine Ave	Amour	nt		
	City State Zip Code				70.00
	Searcy AR 72143			n ID: e9bb7cat bursement or 0	
	Purpose of Expenditure Salary  Category/ Type 001	М	10 <sup>M</sup>	08	2014
ŀ	Name of Federal Candidate Support Office	e Sought	t:	House	District: 00
	Mr. Mark L Pryor Oppose	Preside		X Senate	State: AR
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement			General
	Tel Election for Cinec Sought	U Ot	ther (s	specify) 🕨	
	Full Name of Payee Stuart T Haley	M	- M	olic Distribution	Y Y Y Y Y
	Mailing Address 600 W Vine Ave	L	10	08	2014
		Amour	nt		
	City State Zip Code				64.50
	Searcy AR 72143	Transa Date o	<b>ction</b> of Disl	ID: b09ad931 bursement or 0	<b>-4d5b-4be5-8</b> Obligation
	Purpose of Expenditure Mileage  Category/ Type  002		10 <sup>M</sup>	/ 08 /	2014
	Name of Federal Candidate Support Office	e Sought	t:	House	District:00
		Preside		X Senate	State: AR
				Primary	/ X General
	(a) SUBTOTAL of Itemized Independent Expenditures			7	134.50
(	(b) SUBTOTAL of Unitemized Independent Expenditures			-7-	1 1 20 1
1	(c) TOTAL Independent Expenditures			- 1 - 4	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 1	M /	10		Y Y   Y     4
_	Signature	<u>-</u>	<u>``</u>		
				1	

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OF

Sche	dule E)	<b>L</b> /( <b>L/( <b>L/( <b>L/( <b>L/( <b>L/( <b>L/( <b>L/( <b>L</b></b></b></b></b></b></b></b>	101.20		PAGE 30 OF 114 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wor	men Speak Out PAC				C C00530766
Check	if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	Λ = M / D = D / Y = Y = Y
Ful	II Name of Payee Diane Smith				of Public Distribution/Dissemination
Ма	ailing Address 4006 Wolkswalk Place			Amou	10 08 2014 unt
Cit	h.	State	Zip Code		11.50
	aleigh	NC	27610		saction ID : 9e176be8-2b89-4eb6-9 of Disbursement or Obligation
	rpose of Expenditure alary		Category/ Type 001		10 08 2014
Na	me of Federal Candidate		Support	Office Sough	nt: House District: 00
Ms	s. Kay Hagan		X Oppose	Presid	lent Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	9	975953.37	Disbursemer 2014	nt For:
Fu D	II Name of Payee Diane Smith				of Public Distribution/Dissemination
Ma	ailing Address 4006 Wolkswalk Place			Amou	unt
Cit	ty	State	Zip Code		6.90
	aleigh	NC	27610	Transa Date	action ID: a5d21795-3a93-4497-b of Disbursement or Obligation
	ırpose of Expenditure lileage		Category/ Type 002	$\Box \mid \Box$	10 08 / 2014
	ame of Federal Candidate		Support	Office Sough	ht: House District: 00
Ms	s. Kay Hagan		X Oppose	Presid	dent Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		975953.37	Disbursemer 2014	nt For: Primary ⊠ General  Other (specify) ▶
(a)	SUBTOTAL of Itemized Independent Expenditures	;			18.40
(b)	SUBTOTAL of Unitemized Independent Expenditure	res		<b>-</b>	
(c)	TOTAL Independent Expenditures				7 1 7 1 7
with	ler penalty of perjury I certify that the independen, or at the request or suggestion of, any candidate y committee) any political party committee or its a	e or authorized			
_	Ms. Emily Buchanan	[Electron	ically Filed] Date	e 10	10 2014
5	Signature				

Schedule E)	AI EIID 3 12	PAGE 31 OF 114 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report	filed on Man / Dad / Yayayay
Full Name of Payee Sue G Walker		Date of Public Distribution/Dissemination
Mailing Address 3 Girard		10 08 2014  Amount
City Sta	te Zip Code	100.00
Fort Smith A	·	Transaction ID: 5f138916-b309-4e41-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 08 2014
Name of Federal Candidate	Support	Office Sought: House District: 00
Mr. Mark L Pryor	X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:  Primary
Full Name of Payee Gary W Fuhrmann  Mailing Address 9425 Jessica Drive		Date of Public Distribution/Dissemination  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Sta	ate Zip Code	42.50
Shreveport L	·	Transaction ID: 7006f173-5ed8-41e7-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support	Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary X General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		142.50
(b) SUBTOTAL of Unitemized Independent Expenditures		<b>•</b>
(c) TOTAL Independent Expenditures		<b>•</b>
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its agen	authorized committee or agent of	
Ms. Emily Buchanan	[Electronically Filed] Date	10 10 2014
Signature		

Schedule E)	EFENDENT EXPEND	TOTILS	PAGE 32 OF 114 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour	our report New repo	ort Amends repo	rt filed on
Full Name of Payee Gary W Fuhrmann			Date of Public Distribution/Dissemination
Mailing Address 9425 Jessica Drive			10 08 2014 Amount
			Amount
City Shreveport	State LA	Zip Code 71106	12.30 Transaction ID : 707a08d7-2891-4153-a
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation  10  08  2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	1	56053.65	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Edward N Walker			10 08 7 2014
Mailing Address 3 Girard St			Amount
City	State	Zip Code	60.00
Ft Smith	AR	72901	Transaction ID: 97361377-12b8-46ad-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 08 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		139583.69	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent	ent Expenditures		72.30
(b) SUBTOTAL of Unitemized Indepe	ndent Expenditures		
(1)			4 4
(c) TOTAL Independent Expenditures			· <b>&gt;</b>
	of, any candidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 10 / 2014
<u> </u>			

Schedule E)	T EXI END			PAGE 33 OF 114 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	M / D D / Y D Y D Y
Full Name of Payee Edward N Walker				of Public Distribution/Dissemination
Mailing Address 3 Girard St			Amour	10 08 2014 nt
City	State	Zip Code		22.20
Ft Smith	AR	72901		action ID : 9a5ab561-ec41-4dd3-9 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	М	10 08 / 2014
Name of Federal Candidate		Support	Office Sought	t: House District: 00
Mr. Mark L Pryor		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	7	139583.69	Disbursement 2014 Of	t For:
Full Name of Payee			Date of	of Public Distribution/Dissemination
Benjamin L Heitman			M	10 08 2014
Mailing Address 2520 Helmstetler Rd				
			Amou	nt
City	State	Zip Code		42.50
Lexington Division of Expanditure	NC	27295		ction ID: 3f1d447b-7351-46f6-a of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	10 08 7 2014
Name of Federal Candidate		Support	Office Sough	t: House District:00
Ms. Kay Hagan		X Oppose	Preside	ent Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 1 7	975953.37	Disbursemen 2014	t For: Primary
(a) SUBTOTAL of Itemized Independent Expenditure	es		· •	64.70
(b) SUBTOTAL of Unitemized Independent Expendi	tures		·· •	7
(c) TOTAL Independent Expenditures				7 1 7 1 7 1
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	e 10	10 2014
Signature				

Women Speak Out PAC	IDENTIFICATION NUMBER ▼
vvomen Speak Out PAC	
C	C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	/ D = D / Y = Y = Y
	olic Distribution/Dissemination
Benjamin L Heitman	08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2520 Helmstetler Rd  Amount	
City State Zip Code	2.10
Lexington NC 27295 Transaction	n ID: cbc9834b-1828-484b-8 bursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	08 / 2014
Name of Federal Candidate Support Office Sought:	House District: 00
Ms. Kay Hagan Oppose President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought  Disbursement For: 2014  Other (	Primary
Full Name of Payee  Heather C York-Pray	blic Distribution/Dissemination
10	08 2014
Mailing Address 6786 Candlewood Dr  Amount	
City State Zip Code	30.00
	ID: e4b50e2a-0d31-456f-9 sbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001  10	08 / 2014
Name of Federal Candidate Support Office Sought:	House District: 00
Ms. Kay Hagan	
Calendar Year-To-Date Per Election for Office Sought  Disbursement For: 2014  Other (	: Primary X General (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	32.10
(b) SUBTOTAL of Unitemized Independent Expenditures	7- 1 - 7- 1
(c) TOTAL Independent Expenditures	7 1 7 1 7 1
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooper with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reparty committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10 10	
Signature	

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OF

Schedule E)	DENT EXICIO	TIONES	PAGE 35 OF 114 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repo	rt New rep	port Amends repo	ort filed on
Full Name of Payee Ashlee G Anderson			Date of Public Distribution/Dissemination
			10 08 2014
Mailing Address 2226 Enloe St			Amount
City	State	Zip Code	42.50
Fayetteville	NC	28306	Transaction ID : ca76831b-748e-4861-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 08 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		975953.37	Disbursement For:  Primary  General 2014  General Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Ashlee G Anderson			10 08 2014
Mailing Address 2226 Enloe St			Amount
City	State	Zip Code	9.30
Fayetteville	NC	28306	Transaction ID : aa94e4b4-31ee-47f1-b  Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 / 08 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		975953.37	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	enditures		. ▶ 51.80
(b) SUBTOTAL of Unitemized Independent E	cpenditures		•
(c) TOTAL Independent Expenditures			•
	andidate or authorized		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 10 2014
•			

Schedule E)	DENT EXPEND	TOTILS	PAGE 36 OF 114 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	t New rep	port Amends repo	rt filed on
Full Name of Payee Ralph Smith			Date of Public Distribution/Dissemination
Mailing Address 2090 Fancy Gap Rd			10 08 2014
			Amount
City	State	Zip Code	75.00
Mt. Airy	NC	27030	Transaction ID: 0b26708d-6291-45ba-b  Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 08 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President X Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		975953.37	Disbursement For:  Primary
Full Name of Payee			Date of Public Distribution/Dissemination
Ralph Smith			10 08 2014
Mailing Address 2090 Fancy Gap Rd			Amount
City	State	Zip Code	13.08
Mt. Airy	NC	27030	Transaction ID: 7894b826-18c0-4761-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 / 08 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought	, , , ,	975953.37	Disbursement For:  Primary
(a) SUBTOTAL of Itemized Independent Expe	nditures		88.08
(b) SUBTOTAL of Unitemized Independent Ex	penditures		
(c) TOTAL Independent Expenditures			·
	andidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 10 / 2014
-			

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Ms. Tonya Boyd	10 08 2014
	Mailing Address 2357 Fancy Cap Rd	Amount
	City State Zip Code	75.00
	Mt. Airy NC 27030	Transaction ID : 608a09fc-7994-4ba9-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ırsement For: Primary X General
		Other (specify)
	Full Name of Payee Ms. Tonya Boyd	Date of Public Distribution/Dissemination
	Mailing Address 2357 Fancy Cap Rd	10 08 2014 Amount
	City State Zip Code	13.08
	Mt. Airy NC 27030	Transaction ID : e26d47f2-8acd-470c-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	10 08 2014
	Name of Federal Candidate Support Office	e Sought: House District:00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	88.08
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	(77)	0 10 2014
	Signature	
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OF

Schedule E)	IN EXILIE	TIONES	PAGE 38 OF 114 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Julie M Gentry			10 08 7 2014
Mailing Address 314 S Main St			Amount
City	State	Zip Code	47.50
Roxboro	NC	27573	Transaction ID : 9eaaeb38-0c96-410b-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 08 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		975953.37	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Julie M Gentry			10 08 2014
Mailing Address 314 S Main St			Amount
City	State	Zip Code	9.15
Roxboro	NC	27573	Transaction ID : 9eaf9e4b-780b-4bcc-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 08 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	975953.37	Disbursement For:  Primary  General  2014  General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		56.65
(b) SUBTOTAL of Unitemized Independent Exper	nditures		· •
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any canon party committee) any political party committee or	idate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- 3			

Schedule E)		10.120		PAGE 39 OF 114 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	
Check if 24-hour report X 48-hour re	eport New repo	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Todd Ellis			Date of F	Public Distribution/Dissemination
Mailing Address P.O. Box 712			10 Amount	
			71110011	
City		Zip Code		65.00
Alexander	AR	72002		ion ID: a1242d51-e7bd-4c37-8 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	1	39583.69	Disbursement Fo	or: Primary ⊠ General
Full Name of Payee				Public Distribution/Dissemination
Todd Ellis			М =	M / D D / Y Y Y Y
Mailing Address P.O. Box 712			10	08 2014
			Amount	
City	State	Zip Code		25.50
Alexander	AR	72002	Transaction Date of D	on ID : beeb31a4-c8c4-45df-b Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	M / D D / Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		139583.69	Disbursement For 2014 Othe	or: Primary X General r (specify) ▶
(a) SUBTOTAL of Itemized Independent E	xpenditures		· •	90.50
(b) SUBTOTAL of Unitemized Independent	t Expenditures		· •	7 1 7 1 7 1
(c) TOTAL Independent Expenditures			·	7   7   7
Under penalty of perjury I certify that the with, or at the request or suggestion of, ar party committee) any political party commit	ny candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date		10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

Schedule E)	INT EXILID	THORIES		PAGE 40 OF 114 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Jerome M Weil			Date of Public	Distribution/Dissemination
Mailing Address 101 Durham Drive			10	08 2014
			Amount	
City	State	Zip Code		30.00
Lafayette	LA	70508		<b>D</b> : 939735eb-2820-495b-b rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	08 / Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President >	<u> </u>
Calendar Year-To-Date Per Election for Office Sought	7 7	156053.65	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Jerome M Weil			10	08 / 2014
Mailing Address 101 Durham Drive			Amount	
City	State	Zip Code		6.00
Lafayette	LA	70508		: 91db9e3c-8b11-4eea-9 rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	08 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	· · · · · · · ·	156053.65	Disbursement For: 2014 Other (sp	Primary X General
(a) SUBTOTAL of Itemized Independent Expendit	ures		<b>•</b>	36.00
			7	7 7 7
(b) SUBTOTAL of Unitermized Independent Expen	ditures		<b>•</b>	7
(c) TOTAL Independent Expenditures			<b>•</b>	7 7
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or i	date or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 / 10	2014
- 3				

Schedule E)	EXI END			PAGE 41 OF 114 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	rt filed on	M / D D / Y = Y = Y
Full Name of Payee Lee R Carter			M	f Public Distribution/Dissemination  10 08 2014
Mailing Address 3110 Brentwood Rd			Amoun	t
City	State	Zip Code		100.00
Raleigh	NC	27604		iction ID: cf554193-0d03-4e7b-9 f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		10 08 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Kay Hagan		X Oppose	Preside	NC NC
Calendar Year-To-Date Per Election for Office Sought	9	975953.37	Disbursement 2014 Ott	For: Primary X General her (specify) ▶
Full Name of Payee Lee R Carter				f Public Distribution/Dissemination
				10 08 2014
Mailing Address 3110 Brentwood Rd			Amour	nt
City	State	Zip Code		14.10
Raleigh	NC	27604	Transac Date o	ction ID : c07437eb-fc48-4e33-a f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		10 08 7 2014
Name of Federal Candidate		Support	Office Sought	: House District:00
Ms. Kay Hagan		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	, , ,	975953.37	Disbursement 2014 Ot	For: Primary X General her (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures			, ,	114.10
(a) SOBTOTAL OF REINIZED INDEPENDENT EXPENDITURES				114.10
(b) SUBTOTAL of Unitemized Independent Expenditure	res		•	7 7 7
(c) TOTAL Independent Expenditures			<b>•</b>	7 7 7
Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	10	10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		_		

· · · · · · · · · · · · · · · · · · ·	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Carol L Walters	10 08 2014
Mailing Address 1900 Glen West Way	Amount
City State Zip Code	100.00
Fort Smith AR 72916	Transaction ID : eecd579a-ae7d-4e8e-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	M 10
Name of Federal Candidate Support Office	e Sought: House District: 00
Mr. Mark L Pryor Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	orsement For: Primary
Full Name of Payee	
Carol L Walters	Date of Public Distribution/Dissemination  10 08 2014
Mailing Address 1900 Glen West Way	Amount
City State Zip Code	28.80
Fort Smith AR 72916	Transaction ID : e9ae3bfc-94fa-4439-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	10 08 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Mr. Mark L Pryor Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	128.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 1	0 10 2014
Signature	للننبا لبا ب

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Schedule E)	101123	PAGE 43 OF 114 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New repo	rt Amends report file	ed on Mam / Dad / Yayayay
Full Name of Payee Joseph R English		Date of Public Distribution/Dissemination
Mailing Address 915 East Market Ave Apt 4		10 08 2014 Amount
City State	Zip Code	70.00
	72143	Transaction ID : 3ba6a50c-a8d8-438c-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	M M / 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Offi	ice Sought: House District: 00
Mr. Mark L Pryor	∑ Oppose □	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	Dis 39583.69 201	bursement For:  Primary  General  4  Other (specify) ▶
Full Name of Payee Joseph R English  Mailing Address 915 East Market Ave Apt 4		Date of Public Distribution/Dissemination  10 08 2014  Amount
City State	Zip Code	90.30
Searcy AR	72143	Transaction ID : d3755ae4-eba7-4960-8  Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 08 2014
Name of Federal Candidate	Support Off	ice Sought: House District: 00
Mr. Mark L Pryor	X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	139583.69 Dis 20°	sbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	·····	160.30
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
	cally Filed] Date	10 10 2014
Signature		

Schedule E)	PAGE 44 OF 114 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
Full Name of Payee Tammay Williams	Date of Public Distribution/Dissemination
Mailing Address 924 N. Prieur St	10 08 2014 Amount
City State Zip Code  New Orleans LA 70116	80.00 Transaction ID : 3dc695b6-a810-4bd9-8
Purpose of Expenditure Salary  Category/ Type 001	Date of Disbursement or Obligation  10 08 2014
Name of Federal Candidate Support Office	Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought  Disbu 2014	rsement For:  Primary
Full Name of Payee Tammay Williams  Mailing Address 924 N. Prieur St	Date of Public Distribution/Dissemination  M 10
City State Zip Code  New Orleans LA 70116	Transaction ID : 85f88b68-a811-43e2-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary X General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	95.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	0 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

			FOR SE OF FOR	RM 24/48
	OF COMMITTEE (In Full)		FEC IDENTIFICATION N	IUMBER ▼
vvom	en Speak Out PAC		C C00530766	
Check if	24-hour report X 48-hour report New report Amends	report filed on	M = M / D = D / Y	YIYIY
	Name of Payee	Date	e of Public Distribution/Diss	emination
	neresa a Youngblood		10 / D D / Y	2014
Maili	ing Address 102 S Main Street Apt A2	Amo	ount	
City	State Zip Code			75.00
	rryville VA 22611	<b>Tra</b>	nsaction ID : 6f4effc1-f2d6- e of Disbursement or Obliga	-431b-b ation
Purp Sala	cose of Expenditure ary Category/ Type	001		2014
Nam	ne of Federal Candidate Suppo	ort Office Sou	ght: House Distr	ict:00
Ms.	Mary L Landrieu Oppo	se Pres	ident X Senate Sta	ite: LA
	Calendar Year-To-Date Per Election for Office Sought 156053.65	Disbursem 2014	ent For: Primary Definition Pri	<b>X</b> General
	Name of Payee ntoinette Franklin	Dat	te of Public Distribution/Diss	emination 2014
Mail	ling Address 8822 Apple St	Am	ount	2017
City	State Zip Code			80.00
Nev	w Orleans LA 70188		saction ID: 86eda82d-8752 e of Disbursement or Obliga	
Purp Sal	pose of Expenditure Category/ Type	001	10 / D D / Y	2014
Nam	ne of Federal Candidate Supp	ort Office Sou	ight: House Distr	rict: 00
Ms.	Mary L Landrieu Oppo	ose Pres	sident X Senate Sta	ate: LA
	Calendar Year-To-Date Per Election for Office Sought  156053.65	Disbursem 2014	ent For: Primary [ Other (specify) ▶	X General
(a) S	SUBTOTAL of Itemized Independent Expenditures	······ [	7	155.00
(b) S	SUBTOTAL of Unitemized Independent Expenditures	······ <b>&gt;</b>	7	
(c) T	OTAL Independent Expenditures	······ <b>&gt;</b>		-
with,	r penalty of perjury I certify that the independent expenditures reported hereing or at the request or suggestion of, any candidate or authorized committee or ag committee) any political party committee or its agent.			
<u> </u>	Ms. Emily Buchanan [Electronically Filed]	Date 10	10 2014	Y
SIQ	gnature			_

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Schedule E)	DENT EXTEND	TTOTILO	<u> </u>	PAGE 46 OF 114 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼		
Vomen Speak Out PAC						
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D   D / Y   Y   Y   Y		
Full Name of Payee			Date of Public	Distribution/Dissemination		
Antoinette Franklin			10	08 / 2014		
Mailing Address 8822 Apple St			Amount			
City	State	Zip Code		15.00		
New Orleans	LA	70188		: 542ff750-0b21-45f5-9 sement or Obligation		
Purpose of Expenditure Mileage		Category/ Type 002	10	08 / 2014		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Ms. Mary L Landrieu		X Oppose	President X	<u> </u>		
Calendar Year-To-Date Per Election for Office Sought		156053.65	Disbursement For:  2014  Other (specific	Primary		
Full Name of Payee			Date of Public	Distribution/Dissemination		
Gregory Green			10	08 / 2014		
Mailing Address 2506 Bolch Street			Amount			
City	State	Zip Code		80.00		
Shreveport	LA	71104		: 4aea519b-e58d-40c0-b sement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001	10	08 / 2014		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Ms. Mary L Landrieu		Oppose	President X	Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		156053.65	Disbursement For: 2014 Other (spe	Primary		
(a) SUBTOTAL of Itemized Independent Exper	ditures			95.00		
, , ,			7	7		
(b) SUBTOTAL of Unitemized Independent Exp	penditures		<b>&gt;</b>			
(c) TOTAL Independent Expenditures			<b>)</b>	7		
Under penalty of perjury I certify that the inder with, or at the request or suggestion of, any caparty committee) any political party committee	ndidate or authorized					
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 / 10	2014		
<b>3</b>						

Schedule E)	VI EXI END	MIGHEG		PAGE 47 OF 114 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Gregory Green			M	
Mailing Address 2506 Bolch Street			Amount	08 2014
City	State	Zip Code		51.60
Shreveport	LA	71104		on ID : 1e7a830d-4fe1-455a-b sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	08 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	156053.65	Disbursement For 2014 Other	r: Primary X General (specify) ▶
Full Name of Payee			Date of Po	ublic Distribution/Dissemination
Lilly Green			10	/ D D / Y Y Y Y Y Y Y Y Y Y X Y X Y X Y X Y X
Mailing Address 205 Medallion Circle			Amount	
City	State	Zip Code		80.00
Shreveport	LA	71119		n ID : 5badb04c-f648-4d21-b isbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	08 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	156053.65	Disbursement Fo 2014 Other	r:
(a) SUBTOTAL of Itemized Independent Expenditu	res		•	131.60
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		·· •	
(c) TOTAL Independent Expenditures				4 4 4
Under penalty of perjury I certify that the indepen- with, or at the request or suggestion of, any candi- party committee) any political party committee or it	date or authorize			
Ms. Emily Buchanan	[Electron	nically Filed] Date		0 2014
Signature				

Schedule E)		101.20		PAGE 48 OF 114 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	X New repo	ort Amends repo	ort filed on	= M / D = D / Y = Y = Y
Full Name of Payee			Date o	f Public Distribution/Dissemination
Lilly Green				10 08 7 2014
Mailing Address 205 Medallion Circle			Amour	nt
City	State	Zip Code		61.50
Shreveport	LA	71119		action ID : 262fdba2-6de3-46c7-b f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		10 08 / 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	nt X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	1	56053.65	Disbursement 2014 Ot	For: Primary ⊠ General her (specify) ▶
Full Name of Payee			Date o	f Public Distribution/Dissemination
Eva M Johnston				10 08 2014
Mailing Address 2517 N 47th St			A	
			Amour	ıt
City	State	Zip Code		55.00
Milwaukee	WI	53210	Transac Date o	ction ID: 8302a416-d572-4243-9  f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		10 08 7 2014
Name of Federal Candidate		Support	Office Sought	:
Ms. Mary L Landrieu		X Oppose	Preside	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		156053.65	Disbursement 2014 Ot	For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures.			•	116.50
(b) SUBTOTAL of Unitemized Independent Expenditure	es			
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ac	or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	10	10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		_		

Schedule E)	LXI LIIDI	TOTILO				PAGE 49 OF 114 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC					С	C00530766
Check if 24-hour report X 48-hour report	New repo	ort Am	ends repo	ort filed on	/ = M	/ D = D / Y = Y = Y
Full Name of Payee Windy Hageman					M = N	ic Distribution/Dissemination
Mailing Address 5521 Randolph St.				Amou	10 int	08 2014
City	State	Zip Code				40.00
Marrero	LA	70072				ID: 7d79be29-195f-4f6f-b ursement or Obligation
Purpose of Expenditure Salary		Category/ Type	001		10	08 / 2014
Name of Federal Candidate			Support	Office Sough	nt:	House District: 00
Ms. Mary L Landrieu		X	Oppose	Presid	ent [	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	1	56053.65		Disbursemer 2014		Primary
Full Name of Payee				Date	of Publ	ic Distribution/Dissemination
Windy Hageman					M M M	08 2014
Mailing Address 5521 Randolph St.				A		
				Amo	ınt	
City	State	Zip Code			,	17.10
Marrero	LA	70072				D : c91c34ac-bd01-4bff-b ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type	002	] [	10 <sup>M</sup>	08 2014
Name of Federal Candidate			Support	Office Soug	ht:	House District: 00
Ms. Mary L Landrieu		$\times$	Oppose	Presid	lent [	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		156053.65	5	Disburseme 2014		Primary X General pecify) ▶
_						
(a) SUBTOTAL of Itemized Independent Expenditures.				· •	-	57.10
(b) SUBTOTAL of Uniternized Independent Expenditure	es			·		1 1 4 1 1 4 1
(c) TOTAL Independent Expenditures				•	7	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized					
Ms. Emily Buchanan	[Electron	ically Filed]	Date	10 /	10	2014
Signature						

Schedule E)		PAGE 50 OF 114 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report file	ed on May / Dad / Yayayay
Full Name of Payee Sarah Bassil		Date of Public Distribution/Dissemination
Mailing Address 7650 Fallswood Way		10 08 2014
		Amount
City State	Zip Code	20.00
Lorton VA	22079	Transaction ID : 9fcd4074-0a53-461b-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 08 2014
Name of Federal Candidate	Support Offi	ice Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	156053.65 Dis 201	bursement For:  Primary  General  Other (specify) ▶
Full Name of Payee	·	Date of Public Distribution/Dissemination
Christopher Marquess		10 08 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 110 W Pecan St		Amount
		Amount
City State	Zip Code	60.00
Ville Platte LA	70586	Transaction ID : d169f0ce-5c64-4dfd-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 08 2014
Name of Federal Candidate	Support Off	ice Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	156053.65 Dis	sbursement For:  Primary
•		
(a) SUBTOTAL of Itemized Independent Expenditures	·····	80.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	
Under penalty of perjury I certify that the independent experience with, or at the request or suggestion of, any candidate or an party committee) any political party committee or its agent.		
	[Electronically Filed] Date	10 10 2014
Signature	_	

Schedule E)	DENT EXTEND	ITOTILO	PAGE 51 OF 114 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repo	rt New rep	ort Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Christopher Marquess			10
Mailing Address 110 W Pecan St			Amount
City	State	Zip Code	35.70
Ville Platte	LA	70586	Transaction ID : cd57d9b4-2c4e-4b73-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 08 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		56053.65	Disbursement For:  Primary  General   2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Francis Richardson			10 08 2014
Mailing Address 220 Doucet Rd			Amount
City	State	Zip Code	32.00
Lafayette	LA	70503	Transaction ID : 74b61da6-a8a4-4a8c-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 08 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		156053.65	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	enditures		67.70
			7 7 7
(b) SUBTOTAL of Unitemized Independent Ex	rpenditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			· · · · · · · · · · · · · · · · · · ·
	andidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	LIVI EXI END	HONES	PAGE 52 OF 114 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	rt filed on
Full Name of Payee Francis Richardson			Date of Public Distribution/Dissemination
Mailing Address 220 Doucet Rd			10 08 2014 Amount
City	State	Zip Code	3.36
Lafayette	LA	70503	Transaction ID : 7c7a73c0-60ef-41c5-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		156053.65	Disbursement For:
Full Name of Payee Billy Martin			Date of Public Distribution/Dissemination
Mailing Address 250 JS Brewton rd			10 08 2014 Amount
City	State	Zip Code	50.00
goldonna	LA	71031	Transaction ID: 93decdde-e68f-4b60-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 08 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		156053.65	Disbursement For:  Primary  General  2014  General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	ditures		53.36
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			<b>&gt;</b>
	ndidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signaturo			

Schedule E)	IN EXILIE	TIONES	PAGE 53 OF 114 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Billy Martin			10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 250 JS Brewton rd			Amount
City	State	Zip Code	3.00
goldonna	LA	71031	Transaction ID: b132d0f9-d968-4189-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	-, -,	156053.65	Disbursement For:  Primary  General
Full Name of Payee			Date of Public Distribution/Dissemination
Joshua D Syrotchen			10 08 7 2014
Mailing Address 915 East Market Ave			Amount
City	State	Zip Code	50.00
Searcy	AR	72149	Transaction ID : 20b4ca85-f6f6-4171-8  Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 08 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7 1 7	139583.69	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		53.00
(b) SUBTOTAL of Unitemized Independent Experi	nditures		·
(c) TOTAL Independent Expenditures			·
	lidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-			

Schedule E)	LINDITORIES	PAGE 54 OF 114 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report	filed on fil
Full Name of Payee  Joshua D Syrotchen		Date of Public Distribution/Dissemination
Mailing Address 915 East Market Ave		10
City State	Zip Code	41.70
Searcy AR	72149	Transaction ID : a299956d-b1d3-4b18-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 08 2014
Name of Federal Candidate	Support	Office Sought: House District:00
Mr. Mark L Pryor	∑ Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General  2014 ☐ Other (specify) ▶
Full Name of Payee Mr. Roger McKinney		Date of Public Distribution/Dissemination  10 08 2014
Mailing Address 308 West Main Street		Amount 2014
City State	Zip Code	91.70
Pilot Mountian NC	27041	Transaction ID : 02daf7ea-fcea-4b56-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 08 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support	Office Sought: House District: 00
Ms. Kay Hagan		President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary ☐ General 2014 Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures		133.40
(b) SUBTOTAL of Unitemized Independent Expenditures		
		7 7
(c) TOTAL Independent Expenditures		<b>&gt;</b>
Under penalty of perjury I certify that the independent exper with, or at the request or suggestion of, any candidate or au party committee) any political party committee or its agent.		
	Electronically Filed] Date	10 10 2014
Signature		

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Mr. Roger McKinney	10 08 2014
	Mailing Address 308 West Main Street	Amount
	City State Zip Code	28.53
	Pilot Mountian NC 27041	Transaction ID: 369c45e1-a243-48c8-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary X General
		Other (specify)
	Full Name of Payee Glenda McKinney	Date of Public Distribution/Dissemination
	Mailing Address 308 West Main Street	10 08 2014 Amount
	City State Zip Code	91.70
	Plot Mountain NC 27041	Transaction ID: 9d3ab5bc-5413-4b3a-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	10 08 2014
	Name of Federal Candidate Support Office	e Sought: House District:00
	Ms. Kay Hagan Oppose	President State: NC State:
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary X General  Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	120.23
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 1	0 10 2014
	Signature	

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OF

Schedul	le E)	TI EXI END			PAGE 56 OF 114 FOR SE OF FORM 24/48
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wome	n Speak Out PAC				C C00530766
Check if [	24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Na	ame of Payee istopher L Gilbert				of Public Distribution/Dissemination
Mailing	g Address 55 Lovell Johnson Rd			Amou	10 08 2014 nt
City		State	Zip Code		40.00
City Picay	une	MS	39466		action ID: 57463d16-27b5-4606-a of Disbursement or Obligation
Purpos Salary	se of Expenditure y		Category/ Type 001		10 08 7 2014
Name	of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. M	lary L Landrieu		X Oppose	Preside	
	Calendar Year-To-Date  er Election for Office Sought	1	56053.65	Disbursemen 2014 O	t For:
Chri	ame of Payee istopher L Gilbert g Address 55 Lovell Johnson Rd				of Public Distribution/Dissemination
City		State	Zip Code		20.10
Picay	rune	MS	39466		ction ID : 785ba432-6eee-4e81-b of Disbursement or Obligation
Purpo: Milea	se of Expenditure ge		Category/ Type 002	N	10 08 7 2014
Name	of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. M	fary L Landrieu		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	7 1 7	156053.65	Disbursemen 2014	t For:
(a) SUI	BTOTAL of Itemized Independent Expenditu	ires		•	60.10
(b) SUI	BTOTAL of Unitemized Independent Expendent	ditures		•	
(c) TO	TAL Independent Expenditures			•	7 1 7 1 7
with, or	penalty of perjury I certify that the independ at the request or suggestion of, any candid ommittee) any political party committee or its	date or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	10	10 2014
Sign	ature				

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Christopher L Brazil	10 08 2014
	Mailing Address 5560 Dogwood Dr	Amount
	City State Zip Code	35.00
	Winston Salem NC 27105	Transaction ID: 0c1d45c5-e4e9-4094-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	10 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbut 975953.37  Disbut 975953.37	
		Other (specify) -
	Full Name of Payee Christopher L Brazil	Date of Public Distribution/Dissemination
	Mailing Address 5560 Dogwood Dr	10 08 2014 Amount
	City State Zip Code	4.26
	Winston Salem NC 27105	Transaction ID : da8be136-e93b-4c95-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	10 08 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC State:
	Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For:  Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	39.26
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not movement, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
		0 10 2014
	Signature	
_		

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OF

Women Speak Out PAC    C   C00530766		nedule Ly	FOR SE OF FORM 24/48
Check if			FEC IDENTIFICATION NUMBER ▼
Full Name of Payee Heather N Montgomery  Mailing Address 106 Wyncrest Ct  City State Zip Code Hendersonville TN 37075  Name of Federal Candidate Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Name of Federal Candidate Mr. Mark L Pryor  Mailing Address 106 Wyncrest Ct  City State Zip Code Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Name of Federal Candidate  Mr. Mark L Pryor  Mailing Address 106 Wyncrest Ct  City State Zip Code Heather N Montgomery  Mailing Address 106 Wyncrest Ct  City State Zip Code Heather N Montgomery  Mailing Address 106 Wyncrest Ct  City State Zip Code Heather N Montgomery  Mailing Address 106 Wyncrest Ct  City State Zip Code Heather N Montgomery  Mailing Address 106 Wyncrest Ct  City State Zip Code Mr. Mark L Pryor  Calendar Year-To-Date Purpose of Expenditure Mileage  Calendar Year-To-Date Per Election for Office Sought  Name of Federal Candidate Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Mr. Mark L Pryor  Mr. Oppose President Senate State:  AR  Disbursement For: Primary General  Disbursement For: Primary Senate  Disbursement For: Primary Sen	VV	omen Speak Out PAC	C C00530766
Heather N Montgomery  Mailing Address 106 Wyncrest Ct  City State Zip Code Transaction ID : edd9b315-0a3d-4002-8 Date of Disbursement or Chilgation  Purpose of Expenditure Salary  Name of Federal Candidate Mr. Mark L Pryor  Calendar Year-To-Date Persentinume Heather N Montgomery  Mailing Address 106 Wyncrest Ct  Transaction ID : edd9b315-0a3d-4002-8 Date of Disbursement or Chilgation  Transaction ID : edd9b315-0a3d-4002-8 Date of Disbursement or Chilgation  Transaction ID : edd9b315-0a3d-4002-8 Date of Disbursement or Chilgation  Transaction ID : edd9b315-0a3d-4002-8 Date of Disbursement or Chilgation  Transaction ID : edd9b315-0a3d-4002-8 Date of Disbursement or Chilgation  Transaction ID : edd9b315-0a3d-4002-8 Date of Disbursement For: Primary  General  Disbursement For: Primary  General  Transaction ID : edd9b315-0a3d-4002-8 Date of Disbursement or Chilgation  Transaction ID : edd9b315-0a3d-4002-8 Date of Disbursement For: Primary  Amount  Transaction ID : edd9b315-0a3d-4002-8 Date of Disbursement For: Primary  Amount  Transaction ID : edd9b315-0a3d-4002-8 Date of Disbursement For: Primary  Amount  Transaction ID : edd9b315-0a3d-4002-8 Date of Disbursement For: Primary  Amount  Transaction ID : edd9b315-0a3d-4002-8 Date of Disbursement For: Primary  Amount  Transaction ID : edd9b315-0a3d-4002-8 Date of Disbursement For: Primary  Amount  Transaction ID : edd9b315-0a3d-4002-8 Date of Disbursement For: Primary  Amount  Transaction ID : edd9b315-0a3d-4002-8 Date of Disbursement For: Primary  Amount  Transaction ID : edd9b315-0a3d-4002-8 Date of Disbursement For: Primary  Amount  Transaction ID : edd9b315-0a3d-4002-8 Date of Disbursement For: Primary  Amount  Transaction ID : edd9b315-0a3d-4002-8 Date of Disbursement For: Primary  Amount  Transaction ID : edd9b315-0a3d-4002-8 Date of Disbursement For: Primary  Amount  Transaction ID : edd9b315-0a3d-4002-8 Date of Disbursement For: Primary  Amount  Transaction ID : edd9b315-0a3d-4002-8 Date of Disbursement For: Primary  Amount  Transaction ID : edd9b315-0a3d-4002	Che	ck if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y
Mailing Address 106 Wyncrest Ct  City State Zip Code TN 37075  Purpose of Expenditure Salary Oppose	Т	Full Name of Payee	Date of Public Distribution/Dissemination
City State Zip Code Hendersonville TN 37075  Purpose of Expenditure Salary Oppose    Name of Federal Candidate		·	
Hendersonville	١	Mailing Address 106 Wyncrest Ct	Amount
Hendersonville	ŀ	City State Zin Code	30.00
Purpose of Expenditure Salary  Name of Federal Candidate Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Heather N Montgomery  Mailing Address 106 Wyncrest Ct  City State Zip Code Hendersonville TN 37075  Purpose of Expenditure Mileage  Name of Federal Candidate  Mr. Mark L Pryor  Calendar Year-To-Date Purpose of Expenditure Mileage  Calendar Year-To-Date Purpose of Expenditure Mileage  Calendar Year-To-Date Per Election for Office Sought  To 08 2014  Amount  City State Zip Code Hendersonville TN 37075  Transaction ID: 3390147-6479-4199-9 Date of Disbursement or Obligation  Tansaction ID: 3390147-6479-4199-9 Date of Disbursement or Obligation  Transaction ID: 3390147-6479-4199-9 Date of Disbursement or Obligation  Transaction ID: 3390147-6479-4199-9 Date of Disbursement For: Disbursement For: Disbursement For: Primary Calendar Year-To-Date Per Election for Office Sought  To 08 2014  Other (specify)  Calendar Year-To-Date Per Election for Office Sought  To 08 2014  Disbursement For: Primary Ceneral Disb	١		Transaction ID : edd9b3f5-0a3d-4002-8
Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Heather N Montgomery  Mailing Address 106 Wyncrest Ct  City State Zip Code Hendersonville TN 37075  Transaction ID : a3s90f47-6479-4f9a-9 Date of Disbursement For:  Primary ☐ General  Amount  City State Zip Code Hendersonville TN 37075  Transaction ID : a3s90f47-6479-4f9a-9 Date of Disbursement or Obligation  Mailing Address 106 Wyncrest Ct  Amount  Category/ Mileage Category/ Mileage Category/ Mileage Disbursement or Obligation  Mr. Mark L Pryor ☐ Support ☐ Office Sought: House District: ☐ O  Mr. Mark L Pryor ☐ Oppose President ☐ Senate State: ☐ AR  Calendar Year-To-Date Per Election for Office Sought ☐ Other (specify) ▶  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emilly Buchanan  [Electronically Filed] Date	Ī	Salary Category 001	M M / D D / Y Y Y
Mr. Mark L Pryor    Calendar Year-To-Date   President   Senate   State: AR	ı	Name of Federal Candidate Support Office	Sought: House District: 00
Per Election for Office Sought  Full Name of Payee Heather N Montgomery  Mailing Address 106 Wyncrest Ct  City State Zip Code Hendersonville TN 37075  Purpose of Expenditure Mileage  Category/ 002  Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.    Other (specify)   Date	١	Ma Madal Brown	· <u> </u>
Full Name of Payee Heather N Montgomery  Mailing Address 106 Wyncrest Ct  City State Zip Code Hendersonville TN 37075  Purpose of Expenditure Mileage Category/ Type 002  Name of Federal Candidate Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  Other (specify)   Date of Public Distribution/Dissemination  **To**  Date of Public Distribution/Dissemination  **To**  Date of Public Distribution/Dissemination  **To**  **To**  **OR*  **Transaction ID: a3890f47-6479-4f9a-9  Date of Disbursement or Obligation  **Transaction ID: a3890f		400500 00	rsement For: Primary X General
Heather N Montgomery  Mailing Address 106 Wyncrest Ct  City State Zip Code TN 37075  Hendersonville TN 37075  Purpose of Expenditure Mileage Category/ Type 002  Name of Federal Candidate Support Mr. Mark L Pryor Soppose President Senate State: AR  Calendar Year-To-Date Per Election for Office Sought 139583.68  Calendar Year-To-Date Per Election for Office Sought 139583.68  Calendar Year-To-Date Other (specify) (Other (specify)) (Other (specify)) (Cher (specify)	Ļ	rei Liection for Office Sought	Other (specify)
Mailing Address 106 Wyncrest Ct  City State Zip Code TN 37075  Hendersonville TN 37075  Purpose of Expenditure Mileage  Category/ Type 002  Name of Federal Candidate State State State State: AR  Calendar Year-To-Date Per Election for Office Sought 139583.69  Calendar Year-To-Date Per Election for Office Sought 139583.69  Calendar Year-To-Date State: AR  Calendar Year-To-Date Per Election for Office Sought 139583.69  Calendar Year-To-Date Per Election for Office Sought 139583.69  Calendar Year-To-Date State: AR  Dispursement For: Primary General 2014  Other (specify)   Under penalty of perjury I certify that the independent expenditures were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	١		M = M / D = D / Y = Y = Y
Hendersonville  TN 37075  Transaction ID: a3a90/47-6479-4f9a-9 Date of Disbursement or Obligation  Purpose of Expenditure Mileage  Category/ Type  O02  Name of Federal Candidate  Support  Office Sought: House District: O0 Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  139583.69  Disbursement For: Primary  General  Other (specify)  (c) TOTAL Independent Expenditures.  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed] Date  Transaction ID: a3a90/47-6479-4f9a-9 Date of Disbursement or Obligation  Transaction ID: a3a90/47-6479-4f9a-9 Date of Disbursement or Obligation  Transaction ID: a3a90/47-6479-4f9a-9 Date of Disbursement or Obligation  To Date of Disbursem	ŀ	Mailing Address 106 Wyncrest Ct	
Purpose of Expenditure  Mileage  Name of Federal Candidate  Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  (c) TOTAL Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Date of Disbursement or Obligation  Office Sought:  House District: 00 Disbursement For: Primary General  Other (specify)  Other (specify)  Other (specify)  Date of Disbursement or Obligation  Other Description  Other (specify)  Date of Disbursement or Obligation  Other Do Date Office Sought  Other (specify)  Date of Disbursement or Obligation  Other Description  Other (specify)  Date of Disbursement or Obligation  Other Description  Other (specify)  Date of Disbursement or Obligation  Other (specify)	ŀ	City State Zip Code	9.30
Purpose of Expenditure Mileage    Category/ Type   002	١	Hendersonville TN 37075	Transaction ID: a3a90f47-6479-4f9a-9 Date of Disbursement or Obligation
Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures		Mileage Category/ 002	M = M / D = D / Y = Y = Y
Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures	ľ	Name of Federal Candidate Support Office	Sought: House District: 00
(a) SUBTOTAL of Itemized Independent Expenditures		Mr. Mark L Pryor Oppose	President State: AR State:
(b) SUBTOTAL of Unitemized Independent Expenditures		2014	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  Date	(	a) SUBTOTAL of Itemized Independent Expenditures	39.30
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  Date	(	b) SUBTOTAL of Unitemized Independent Expenditures	1171171171
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date	(	c) TOTAL Independent Expenditures	
[Electronically Filed] Date 10 10 2014	٧	with, or at the request or suggestion of, any candidate or authorized committee or agent of either	
<u> </u>		[E1 - 4	
		2 4.10	

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OF

Schedule E)		PAGE 59 OF 114 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New report	Amends report filed	I on M M / D = D / Y = Y = Y
Full Name of Payee		Date of Public Distribution/Dissemination
Kinsey E Beck		10 08 2014
Mailing Address 103 Glenhaven Ct		Amount
City State Zip C	ode	30.00
Harvest AL 35749		Transaction ID : cd39be4d-f548-4cbf-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Cate	egory/ Type 001	10 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office	e Sought: House District: 00
Mr. Mark L Pryor	X Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought		ursement For: Primary
Full Name of Payee	<u>'</u>	Date of Public Distribution/Dissemination
Clay A McCreary		10 08 2014
Mailing Address 1762 Orchard Drive		Amount
City State Zip C	code	30.00
Lenoir NC 2864	15	Transaction ID: 71a9c234-3d5e-45f3-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Cate	egory/ Type 001	10 08 / 2014
Name of Federal Candidate	Support Offic	e Sought: House District: 00
Ms. Kay Hagan	X Oppose	President State: NC State:
Calendar Year-To-Date Per Election for Office Sought 975	Disb 2014	ursement For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures	·····	60.00
		7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	7 7 7
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent expenditures report with, or at the request or suggestion of, any candidate or authorized commparty committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronically F	Filed] Date 1	10 / 10 / 2014

Schedule E)	LIVI EXI END	HONES	PAGE 60 OF 114 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New rep	oort Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Sheri J Peace			10 08 7 2014
Mailing Address 9685 Paula St			Amount
City	State	Zip Code	50.00
Keithville	LA	71047	Transaction ID: b04f3f8b-3340-4c20-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 08 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	156053.65	Disbursement For:  Primary  General  Qu14  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Sheri J Peace			10 08 7 2014
Mailing Address 9685 Paula St			Amount
City	State	Zip Code	17.40
Keithville	LA	71047	Transaction ID: 3596e337-1274-4c80-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 08 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		156053.65	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		67.40
			7 7 7
(b) SUBTOTAL of Unitemized Independent Expe	nditures		•
(c) TOTAL Independent Expenditures			·
	didate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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	Siledule Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	neck if 24-hour report X 48-hour report New report Amends report filed	d on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Joneisha Stewart	10 08 2014
	Mailing Address 2329 Runnymede Dr	Amount
	City State Zip Code	50.00
	Marrero LA 70072	Transaction ID : 0214c51f-c73f-4816-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	10 / 08 / 2014
	Name of Federal Candidate Support Offic	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disb 2014	
		U Other (specify) ►
	Full Name of Payee  Joneisha Stewart	Date of Public Distribution/Dissemination
	Mailing Address 2329 Runnymede Dr	10 08 2014 Amount
	City State Zip Code	6.60
	Marrero LA 70072	Transaction ID : 7a46d03b-0a1a-43dc-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	10 / 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Offic	ee Sought: House District: 00
		President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disb. 2014	oursement For: Primary General  Other (specify)
	(a) SUBTOTAL of Itemized Independent Expenditures	56.60
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
		10 10 2014
	Signature	

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OF

Schedule E)	LIVI EXI ENE	TI OTILO	PAGE 62 OF 114 FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼				
Women Speak Out PAC			C C00530766				
Check if 24-hour report X 48-hour report	heck if 24-hour report X 48-hour report New report Amends report filed on						
Full Name of Payee			Date of Public Distribution/Dissemination				
Chris McCoy			10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Mailing Address 1025 Cayley Ct			Amount				
City	State	Zip Code	115.00				
High Point	NC	27260	Transaction ID: a8318904-184c-4e47-a Date of Disbursement or Obligation				
Purpose of Expenditure Salary		Category/ Type 001	10 08 / Y Y Y Y Y				
Name of Federal Candidate		Support	Office Sought: House District: 00				
Ms. Kay Hagan		X Oppose	President Senate State: NC				
Calendar Year-To-Date Per Election for Office Sought	7	975953.37	Disbursement For:				
Full Name of Payee			Date of Public Distribution/Dissemination				
Chris McCoy			10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Mailing Address 1025 Cayley Ct			Amount				
City	State	Zip Code	21.30				
High Point	NC	27260	Transaction ID : 554fc5d7-e280-46d2-a Date of Disbursement or Obligation				
Purpose of Expenditure Mileage		Category/ Type 002	10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Name of Federal Candidate		Support	Office Sought: House District: 00				
Ms. Kay Hagan		X Oppose	President Senate State: NC				
Calendar Year-To-Date Per Election for Office Sought		975953.37	Disbursement For:  Primary  General  2014  General  Other (specify) ▶				
(a) SUBTOTAL of Itemized Independent Expen	ditures		136.30				
(b) SUBTOTAL of Unitemized Independent Exp	enditures		<b>&gt;</b>				
(c) TOTAL Independent Expenditures			<b>•</b>				
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political				
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	10 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
-							

Sched	ule E)	-A: =:12:	1020				PAGE 63 OF 114 FOR SE OF FORM 24/48
	DF COMMITTEE (In Full)					FEC ID	DENTIFICATION NUMBER ▼
Wom	en Speak Out PAC					C	C00530766
Check if	24-hour report X 48-hour report	X New repo	ort Amen	ds repo	rt filed on	- M /	D = D / Y = Y = Y
Full	Name of Payee anielle McCoy					- M /	Distribution/Dissemination
Maili	ing Address 1025 Cayley Ct				Amou	10 nt	08 2014
City	St	tate	Zip Code				112.50
Hig	h Point N	NC	27260				D: 34614ffe-e1e8-4188-b ursement or Obligation
Purp Sala	pose of Expenditure ary		Category/ Type	001		10	08 / 2014
Nam	ne of Federal Candidate		Sup	port	Office Sough	t:	House District:00
Ms.	Kay Hagan			pose	Preside	ent $\sum$	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	9	75953.37		Disbursemen 2014 O	t For: ther (sp	Primary X General ecify) ▶
	Name of Payee anielle McCoy					of Public	Distribution/Dissemination 08 2014
Mail	ing Address 1025 Cayley Ct				Amou	nt	
City	St	tate	Zip Code				20.40
		NC	27260		Transa Date	of Disbu	D: a30e3322-76b8-4c14-b ursement or Obligation
	pose of Expenditure eage		Category/ Type	002		10 /	08 / 2014
	ne of Federal Candidate		Sur	pport	Office Sough	nt:	House District: 00
Ms.	Kay Hagan		Х Орг	pose	Presid	ent >	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		975953.37		Disbursemer 2014		Primary
(a) S	UBTOTAL of Itemized Independent Expenditures				· [		132.90
(b) S	UBTOTAL of Unitemized Independent Expenditures	3			· [		
(c) T	OTAL Independent Expenditures				· [		
with,	r penalty of perjury I certify that the independent e or at the request or suggestion of, any candidate o committee) any political party committee or its age	or authorized					
	Ms. Emily Buchanan	[Electroni	ically Filed]	Date	10	10	2014
Sig	gnature						

Schedule E)	LIVI EXI EIVE	ATTOTILES	PAGE 64 OF 114 FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼				
Vomen Speak Out PAC							
Check if 24-hour report X 48-hour report	heck if 24-hour report X 48-hour report New report Amends report filed on						
Full Name of Payee			Date of Public Distribution/Dissemination				
Eleanor McCoy			10 08 2014				
Mailing Address 4902 Catawba Dr			Amount				
City	State	Zip Code	115.00				
Greensboro	NC	27407	Transaction ID: 0b88db62-d8d5-4421-9 Date of Disbursement or Obligation				
Purpose of Expenditure Salary		Category/ Type 001	10				
Name of Federal Candidate		Support	Office Sought: House District:00				
Ms. Kay Hagan		X Oppose	President Senate State: NC				
Calendar Year-To-Date Per Election for Office Sought		975953.37	Disbursement For:				
Full Name of Payee			Date of Public Distribution/Dissemination				
Eleanor McCoy			10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Mailing Address 4902 Catawba Dr			Amount				
City	State	Zip Code	21.00				
Greensboro	NC	27407	Transaction ID : ffc706dc-70fc-4320-8 Date of Disbursement or Obligation				
Purpose of Expenditure Mileage		Category/ Type 002	10 / 08 / 2014				
Name of Federal Candidate		Support	Office Sought: House District: 00				
Ms. Kay Hagan		X Oppose	President State: NC				
Calendar Year-To-Date Per Election for Office Sought		975953.37	Disbursement For:  Primary  General  2014  General  Other (specify) ▶				
(a) SUBTOTAL of Itemized Independent Expend	itures		136.00				
			7 7 7				
(b) SUBTOTAL of Unitemized Independent Expe	nditures		<b>&gt;</b>				
(c) TOTAL Independent Expenditures			<b>•</b>				
	didate or authorize		not made in cooperation, consultation, or concert feither, or (if the reporting entity is not a political				
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
-							

Schedule E)	511 01120	PAGE 65 OF 114 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New r	report Amends report f	filed on M = M / D = D / Y = Y = Y
Full Name of Payee April E Madrid		Date of Public Distribution/Dissemination
Mailing Address 2153 Sweet Bay Circle		10
City State	Zip Code	40.00
Bossier City LA	71111	Transaction ID : fdbe949d-85ca-4d4f-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10
Name of Federal Candidate	Support O	Office Sought: House District:00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		oisbursement For:  Primary
Full Name of Payee April E Madrid		Date of Public Distribution/Dissemination  10 08 2014
Mailing Address 2153 Sweet Bay Circle		Amount
City State	Zip Code	10.20
Bossier City LA	71111	Transaction ID : 44aecdf3-a999-4164-b  Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 08 7 2014
Name of Federal Candidate	Support C	Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Oisbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		50.20
(b) SUBTOTAL of Unitemized Independent Expenditures	)	
(c) TOTAL Independent Expenditures	·······	
Under penalty of perjury I certify that the independent expenditur with, or at the request or suggestion of, any candidate or authoriz party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electr	ronically Filed] Date	10 10 2014
Signature		

Schedule E)	FOR SE OF FORM 24/48					
AME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼						
Women Speak Out PAC	C C00530766					
Check if 24-hour report 48-hour report New report Amends report filed	on Man / Dab / Yayayay					
Full Name of Payee Eric Resinos	Date of Public Distribution/Dissemination					
	10 08 2014					
Mailing Address 1430 Sunnyside Rd	Amount					
City State Zip Code	70.00					
Alma AR 72921	Transaction ID: 6556ecc3-e938-4aad-8 Date of Disbursement or Obligation					
Purpose of Expenditure Salary  Category/ Type 001	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Name of Federal Candidate Support Office	Sought: House District:00					
Mr. Mark L Pryor Oppose	President Senate State: AR					
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	rrsement For: Primary					
Full Name of Payee	Date of Public Distribution/Dissemination					
Eric Resinos	10 08 2014					
Mailing Address 1430 Sunnyside Rd	Amount					
City State Zip Code	60.48					
Alma AR 72921	Transaction ID: b227a3f6-b077-4c50-b Date of Disbursement or Obligation					
Purpose of Expenditure Mileage  Category/ Type  002	10 / 08 / 2014					
Name of Federal Candidate Support Office	e Sought: House District: 00					
Mr. Mark L Pryor Oppose	President Senate State: AR					
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary X General  Other (specify) ▶					
(a) SUBTOTAL of Itemized Independent Expenditures	130.48					
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures						
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
	0 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Signature						

· · · · · · · · · · · · · · · · · ·	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on Amends report
Full Name of Payee	Date of Public Distribution/Dissemination
Miranda A Resinos	10 08 / Y Y Y Y Y
Mailing Address 1430 Sunnyside Rd	Amount
City State	Zip Code 70.00
Alma AR	72921 Transaction ID : 5996e3a7-d287-47d0-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 10 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Mark L Pryor	Oppose President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Michael A Toomey  Mailing Address 4120 Bon Aire Dr Apt 6307	Date of Public Distribution/Dissemination  10 08 2014  Amount
City State	Zip Code 40.00
Monroe LA	71212 Transaction ID : 3f55b001-8091-40b4-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 10 08 / 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	110.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	<b>)</b>
	enditures reported herein were not made in cooperation, consultation, or concert uthorized committee or agent of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electronically Filed] Date 10 10 2014
oignature	

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OF

Sch	nedule E)	_0		PAGE 68 OF 114 FOR SE OF FORM 24/48
	IE OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC			C C00530766
Che	ck if 24-hour report X 48-hour report New report	Amends re	port filed on	M = M / D = D / Y = Y = Y
T	Full Name of Payee Michael A Toomey			e of Public Distribution/Dissemination
ŀ	•		[	10 08 2014
	Mailing Address 4120 Bon Aire Dr Apt 6307		Amo	punt
-	City State Zip Co	de		3.90
	Monroe LA 71212			nsaction ID : 31f82cb6-cc4d-4f5e-8 e of Disbursement or Obligation
	Purpose of Expenditure Mileage  Categ	gory/ Type 00	2	10 08 / 9 2014
Ī	Name of Federal Candidate	Support	Office Soug	ght: House District: 00
	Ms. Mary L Landrieu	Oppose	Presid	dent State: LA
	Calendar Year-To-Date Per Election for Office Sought 156053.4	65	Disburseme 2014	ent For: Primary
Γ	Full Name of Payee		Date	e of Public Distribution/Dissemination
١	Kenny Wallis			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 6412 Osage Dr		A.m.o	
١			Amo	ount
	City State Zip Co	ode		30.00
	North Little rock AR 72116	6	Trans Date	saction ID: 26dd659b-61b4-4b25-8 e of Disbursement or Obligation
	Purpose of Expenditure Salary  Categ	gory/ Type 00	1 [	10 08 / Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Soug	ght: House District: 00
	Mr. Mark L Pryor	X Oppose	Presi	ident State: AR
	Calendar Year-To-Date Per Election for Office Sought 1395	583.69	Disburseme 2014	ent For:
(a	a) SUBTOTAL of Itemized Independent Expenditures		•	33.90
(k	o) SUBTOTAL of Unitemized Independent Expenditures		<b>-</b>	7 1 7 1 4
(0	c) TOTAL Independent Expenditures		· [	7
W	nder penalty of perjury I certify that the independent expenditures reporte ith, or at the request or suggestion of, any candidate or authorized commitarty committee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electronically Fi	led] Da	ate 10	10 2014
	Signature			

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼
women Speak Out PAC	
	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	T = M / D = D / Y = Y = Y
Full Name of Payee Date	of Public Distribution/Dissemination
	10 08 2014
Mailing Address 6412 Osage Dr Amou	int
City State Zip Code	12.84
North Little rock AR 72116 Trans	saction ID: 9425de78-53d4-458d-a of Disbursement or Obligation
Purpose of Expenditure	10 08 2014
Name of Federal Candidate Support Office Sough	nt: House District: 00
Mr. Mark L Pryor	
Calendar Year-To-Date Per Election for Office Sought  Disbursement 2014	
	Other (specify)
Anthony Pearson	of Public Distribution/Dissemination
Mailing Address 112 apache Dr Amou	10 08 2014 unt
City State Zip Code	15.00
Search AR 72149 Transa	action ID : 7cc1159d-49f1-41da-b of Disbursement or Obligation
Purpose of Expenditure	10 08 2014
Name of Federal Candidate Support Office Sough	nt: House District:00
Mr. Mark L Pryor	
Calendar Year-To-Date Per Election for Office Sought  Disbursemer 2014	nt For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures	27.84
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	7 1 7 1 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	10 / Y - Y - Y - Y - Y - Y - Y - Y - Y - Y
Signature	

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OF

Schedule E)		10.120		PAGE 70 OF 114 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hour	report New repo	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Anthony Pearson			Date of Pub	lic Distribution/Dissemination
Mailing Address 112 apache Dr			10 Amount	08 2014
City	State	Zip Code		4.50
Search	AR	72149		ID: ef4ba1ed-c24a-4705-8 pursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 10	08 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	1	39583.69	Disbursement For: 2014 Other (s	Primary
Full Name of Payee Brandy Starns			Date of Pub	lic Distribution/Dissemination
Mailing Address 300 Evangeline St			Amount	
City	State	Zip Code		35.00
Monroe	LA	71201		ID: e7962d4b-6f8b-4645-b oursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 <sup>M</sup>	08 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		156053.65	Disbursement For: 2014 Other (s	Primary
(a) SUBTOTAL of Itemized Independent	Expenditures		<b>)</b>	39.50
(b) SUBTOTAL of Unitemized Independent	nt Expenditures		<b>&gt;</b>	
(c) TOTAL Independent Expenditures			<b>&gt;</b>	49- 1 49- 1
Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	any candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	10 / 10	2014
Signature				

Schedule E)	ENT EXICIO	TIONES		PAGE 71 OF 114 OR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼			
Vomen Speak Out PAC							
Check if 24-hour report X 48-hour report	heck if 24-hour report X 48-hour report New report Amends report filed on						
Full Name of Payee			Date of Public I	Distribution/Dissemination			
Brandy Starns			10	08 / 2014			
Mailing Address 300 Evangeline St			Amount				
City	State	Zip Code		5.70			
Monroe	LA	71201		: e426ea58-f10e-4686-b ement or Obligation			
Purpose of Expenditure Mileage		Category/ Type 002	10	08 / 2014			
Name of Federal Candidate		Support	Office Sought:	House District: 00			
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA			
Calendar Year-To-Date Per Election for Office Sought	.,,	156053.65	Disbursement For:  2014  Other (spec	Primary			
Full Name of Payee	<u> </u>		Date of Public I	Distribution/Dissemination			
Francesca Blom			10	08 / 2014			
Mailing Address 101 Asbury Ct			Amount				
City	State	Zip Code		85.00			
Winchester	VA	22602		57a737b6-b411-4b4a-8 ement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001	10 /	08 / 2014			
Name of Federal Candidate		Support	Office Sought:	House District: 00			
Ms. Mary L Landrieu		Oppose	President X	Senate State: LA			
Calendar Year-To-Date Per Election for Office Sought	, , ,	156053.65	Disbursement For: 2014 Other (spec	Primary			
(a) SUBTOTAL of Itemized Independent Expendent	ditures		<b>.</b>	90.70			
				7			
(b) SUBTOTAL of Unitemized Independent Exp	enditures		<b>)</b>	7			
(c) TOTAL Independent Expenditures			<b>&gt;</b>	7			
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee o	ndidate or authorize						
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 / 10	2014			
•							

Schedule E)	INT EXTEND	HONES	-	PAGE 72 OF 114 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼			
Vomen Speak Out PAC							
Check if 24-hour report X 48-hour report	heck if 24-hour report X 48-hour report New report Amends report filed on						
Full Name of Payee Joshua J Huffman				Distribution/Dissemination			
Mailing Address 211 Dixie Ave			10	08 / 2014			
ZII Dixie Ave			Amount				
City	State	Zip Code		30.00			
Harrisonburg	VA	22801		: 67a894a5-e232-4ac5-b sement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001	10	08 / 2014			
Name of Federal Candidate		Support	Office Sought:	House District: 00			
Ms. Mary L Landrieu		X Oppose	President X				
Calendar Year-To-Date Per Election for Office Sought	7	156053.65	Disbursement For: 2014 Other (spec	Primary			
Full Name of Payee			Date of Public	Distribution/Dissemination			
Joshua E Sherman			M M /	08 2014			
Mailing Address 119 Goldenwood Dr			Amount	2014			
City	State	Zip Code		15.00			
Slidell	LA	70461		: 0ba33908-0b19-440e-b sement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001	10 Date of Disburs	08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate		Support	Office Sought:	House District: 00			
Ms. Mary L Landrieu		Oppose		Senate State: LA			
Calendar Year-To-Date Per Election for Office Sought	-, -,	156053.65	Disbursement For: 2014 Other (spe	Primary			
(a) SUBTOTAL of Itemized Independent Expendi	tures			45.00			
			-	7			
(b) SUBTOTAL of Unitemized Independent Expe	nditures		<b>&gt;</b>				
(c) TOTAL Independent Expenditures			<b>)</b>	7			
Under penalty of perjury I certify that the indeperment, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized						
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 / 10	2014			
-							

Schedule E)	O. IIIDEI EIIDEII	I EXI END			PAGE 73 OF 114 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In F					FEC IDENTIFICATION NUMBER ▼
Women Speak Out I	PAC				C C00530766
Check if 24-hour report	X 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y B Y B Y B Y
Full Name of Payee  Joshua E Sherma	an				of Public Distribution/Dissemination
Mailing Address 119 Gold					10 08 7 2014
				Amou	nt
City Slidell		State LA	Zip Code 70461		2.40 action ID : 9feb7c6f-7b94-49a4-9
Purpose of Expenditure Mileage			Category/ Type 002	TV.	of Disbursement or Obligation
Name of Federal Candida	te		Support	Office Sough	t: House District: 00
Ms. Mary L Landrieu			X Oppose	Preside	
Calendar Year-To-Date Per Election for Office	•	, , 1	56053.65	Disbursemen 2014	t For:
Full Name of Payee Debra Lindsey					of Public Distribution/Dissemination
Mailing Address 119 Go	oldenwood Dr			Amou	
City		State	Zip Code		15.00
Slidell		LA	70461	Transa Date	oction ID: d775a042-b8a7-49a2-b of Disbursement or Obligation
Purpose of Expenditure Salary			Category/ Type 001		10 08 2014
Name of Federal Candida	te		Support	Office Sough	nt: House District: 00
Ms. Mary L Landrieu			X Oppose	Presid	
Calendar Year-To-Dat Per Election for Offic		<u>, , , , , , , , , , , , , , , , , , , </u>	156053.65	Disbursemer 2014 C	nt For:  Primary
(a) SUBTOTAL of Itemized	I Independent Expenditure	es			17.40
(b) SUBTOTAL of Unitemiz	zed Independent Expendit	ures		•	7 1 7 1 7
(c) TOTAL Independent Ex	xpenditures			· •	7 1 7 1 7
	uggestion of, any candida	ate or authorized			cooperation, consultation, or concert the reporting entity is not a political
Ms. Emily Buch	anan	[Electron	ically Filed] Date	e 10 /	10 2014
Signature					

NAME OF COMMITTEE (I. F. II)	
NAME OF COMMITTEE (In Full)	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	/ D = D / Y = Y = Y
	ublic Distribution/Dissemination
Debra Lindsey  Mailing Address	08 / 2014
Mailing Address 119 Goldenwood Dr  Amount	
City State Zip Code	2.40
Date of Di	on ID : d48ab84a-9c1a-410e-9 isbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002  10	08 / 2014
Name of Federal Candidate Support Office Sought:	House District: 00
Ms. Mary L Landrieu Oppose President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought  Disbursement For 2014  Other	r: Primary X General (specify) ▶
	ublic Distribution/Dissemination
Jessica R Resendiz	08 / 2014
Mailing Address 9685 Paula St  Amount	
City State Zip Code	50.00
Date of D.	on ID : 6f1e8ff9-d0f6-422e-8 pisbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001  10	08 / 2014
Name of Federal Candidate Support Office Sought:	House District:00
Ms. Mary L Landrieu	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought  Disbursement Fo 2014  Other	or: Primary X General  r (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	52.40
(a) SSPICIAL OF ICHTIZES INSEPTIMENT EXPONENTIAL EXPON	32.40
(b) SUBTOTAL of Unitemized Independent Expenditures	7 1 7 1 7
(c) TOTAL Independent Expenditures	7 1 7 1 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in coope with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the party committee) any political party committee or its agent.	
	10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	DENT EXTEND	ITOTILO	PAGE 75 OF 114 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	t New rep	ort Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Elvis Spears			10 08 2014
Mailing Address 2150 Hope St			Amount
City	State	Zip Code	60.00
New Orleans	LA	70119	Transaction ID: 9c9523c0-6b5b-4f59-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 / 08 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		156053.65	Disbursement For: Primary
Full Name of Payee	-		Date of Public Distribution/Dissemination
Elvis Spears			10 08 2014
Mailing Address 2150 Hope St			Amount
City	State	Zip Code	2.70
New Orleans	LA	70119	Transaction ID: b26f5a33-3c69-4cc9-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 08 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		156053.65	Disbursement For: Primary ⊠ General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	nditures		62.70
			7 7 7
(b) SUBTOTAL of Unitemized Independent Ex	penditures		· •
(c) TOTAL Independent Expenditures			
	andidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report  48-hour report  New report  Amends report filed	d on M = M / D = D / Y = Y = Y
Full Name of Payee	Date of Public Distribution/Dissemination
Phillip Williams	10 08 2014
Mailing Address 3007 Darden Rd	Amount
City State Zip Code	90.00
Greensboro NC 27407	Transaction ID : 625ddfde-32dd-4de2-b Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	10 08 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Phillip Williams	10 08 2014
Mailing Address 3007 Darden Rd	Amount
City State Zip Code	21.30
Greensboro NC 27407	Transaction ID : 2574d455-d878-405f-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	10 08 7 2014
Name of Federal Candidate Support Office	ce Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought  Disk 201	oursement For: Primary General  Other (specify)   Other
(a) SUBTOTAL of Itemized Independent Expenditures	111.30
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	10 10 2014
Signature	

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	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Beverly Williams	10 08 2014
	Mailing Address 3007 Darden Rd	Amount
	City State Zip Code	90.00
	Greensboro NC 27407	Transaction ID: 1a3352f3-f8b8-4263-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	10 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbut 975953.37  Disbut 975953.37	
		Other (specify)
	Full Name of Payee ERIC TABARY	Date of Public Distribution/Dissemination
	Mailing Address 6101 NORA ST	10 08 2014 Amount
	City State Zip Code	70.00
	METAIRIE LA 70003	Transaction ID: 83768f76-4bc2-4d43-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	10 08 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary X General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	160.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	(F) 4 · 11 F · 11	0 10 2014
	Signature	للنتيا لنا ك

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NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed	d on M M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Cynthia J Christmas	10 08 2014
Mailing Address 1731 Frenchmen St	Amount
City State Zip Code	60.00
New Orleans LA 70116	Transaction ID : fc6da6f8-c1e7-49f8-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	10 08 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought  Disb	ursement For: Primary
Full Name of Payee	
Cynthia J Christmas	Date of Public Distribution/Dissemination  10 08 2014
Mailing Address 1731 Frenchmen St	Amount
City State Zip Code	2.70
New Orleans LA 70116	Transaction ID : cd30d7e2-a67b-431e-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	10 08 2014
Name of Federal Candidate Support Office	ce Sought: House District: 00
Ms. Mary L Landrieu Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought  Disk 201	oursement For: Primary General  Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	62.70
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	10 10 2014
Signature	

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Schedule E)	JENT EXILINE	TIONES	PAGE 79 OF 114 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Randy G Lookabill			10 D D D Z 2014
Mailing Address 200 Carawood Lane			Amount
City	State	Zip Code	25.00
Lexington	NC	27295	Transaction ID : df672f47-41a8-48bb-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 08 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	975953.37	Disbursement For: ☐ Primary ☐ General  2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Randy G Lookabill			10 08 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 200 Carawood Lane			Amount
City	State	Zip Code	13.20
Lexington	NC	27295	Transaction ID: bb9ef968-7541-4f4f-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 08 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		975953.37	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	nditures		38.20
(b) SUBTOTAL of Unitemized Independent Exp	oenditures		· •
(c) TOTAL Independent Expenditures			·
	indidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>3</b>			

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	I on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Hannah J Landry	10 08 2014
	Mailing Address 1110 N Coolidge	Amount
	City State Zip Code	80.00
	Gonzales LA 70737	Transaction ID : 3b12b677-ed4c-48d6-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	10 08 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbute 156053.65	
		Other (specify) -
	Full Name of Payee Hannah J Landry	Date of Public Distribution/Dissemination
	Mailing Address 1110 N Coolidge	10 08 2014 Amount
	City State Zip Code	12.51
	Gonzales LA 70737	Transaction ID : a493e477-180c-4140-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	10 08 2014
	Name of Federal Candidate Support Offic	e Sought: House District: 00
		President State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For:
	(a) SUBTOTAL of Itemized Independent Expenditures	92.51
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
		M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	لــنتــا لـنــا

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Schedule E)	EXI EIVE	1101120		- +	PAGE 81 OF 114 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)					ENTIFICATION NUMBER ▼
Women Speak Out PAC					C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends re	eport filed on	M M /	D = D / Y = Y = Y
Full Name of Payee Mary C Lee			Da	ate of Public	Distribution/Dissemination
Mailing Address 1030 N Coolidge Ave			Ar	10 mount	08 2014
City	State	Zip Code	— г		80.00
Gonzales	LA	70737			D: 5a6c26a3-1efd-43da-a sement or Obligation
Purpose of Expenditure Salary		Category/ Type 00	)1	10	08 / 2014
Name of Federal Candidate		Support	Office So	uaht:	House District: 00
Ms. Mary L Landrieu		X Oppose		_	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, 1	156053.65	Disburser 2014	ment For: Other (spe	Primary
Full Name of Payee			Da	ate of Public	Distribution/Dissemination
Mary C Lee				M = M /	08 2014
Mailing Address 1030 N Coolidge Ave			Aı	mount	
City	State	Zip Code	— г		12.51
Gonzales	LA	70737			: d8de63a1-36f6-443d-a rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 00	2	10	08 / 2014
Name of Federal Candidate		Support	Office Sc	ought:	House District: 00
Ms. Mary L Landrieu		X Oppose	Pre	esident	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	156053.65	Disburse 2014	ment For:  Other (spe	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditures			Г		92.51
,			, _	-7-	7 7
(b) SUBTOTAL of Unitemized Independent Expenditure	es		····· •	7	7
(c) TOTAL Independent Expenditures			····· •		
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized				
Ms. Emily Buchanan	[Electron	ically Filed] Da	ate 10	/ 10	2014
Signature					

Schedule E)	IDENT EXTEND	ITOTILO	PAGE 82 OF 114 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repo	ort New rep	ort Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Shannon E Downey			10 08 2014
Mailing Address 112 Brookhollow Drive			Amount
City	State	Zip Code	50.00
Mount Holly	NC	28120	Transaction ID: 0267bade-a446-4f7d-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	(	975953.37	Disbursement For: ☐ Primary ☐ General  2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Shannon E Downey			10 08 2014
Mailing Address 112 Brookhollow Drive			Amount
City	State	Zip Code	6.18
Mount Holly	NC	28120	Transaction ID: 890c2248-b023-455a-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 08 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		975953.37	Disbursement For:  Primary  General  2014  General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exp	enditures		56.18
			7 7
(b) SUBTOTAL of Unitemized Independent E	xpenditures		· •
(c) TOTAL Independent Expenditures			· · · · · · · · · · · · · · · · · · ·
	candidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

· · · · · · · · · · · · · · · · · ·	FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER	<b>V</b>
Women Speak Out PAC	C C00530766	
Check if 24-hour report X 48-hour report	New report Amends report filed on Man / Dan / Yangan	Y
Full Name of Payee	Date of Public Distribution/Dissemination	
William M Criswell	10 08 2014	Y
Mailing Address 115 Burns Mitchell Drive	Amount	
City Stat	te Zip Code 50.00	
Belmont NC	C 28012 Transaction ID : 7a3b080a-fb8a-45ab-9 Date of Disbursement or Obligation	
Purpose of Expenditure Salary	Category/ Type 001 10 08 / 2014	Y
Name of Federal Candidate	Support Office Sought: House District: 00	
Ms. Kay Hagan	Oppose President Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary ☐ Gener 2014 Other (specify) ▶	al
Full Name of Payee Colton R Overcash	Date of Public Distribution/Dissemination	
Mailing Address 121 Ohara Dr	Amount	_
City Stat	tte Zip Code 80.00	
Salisbury	C 28147 Transaction ID : 71ea6017-5062-495d-9 Date of Disbursement or Obligation	
Purpose of Expenditure Salary	Category/ Type 001 10 08 2014	Y
Name of Federal Candidate	Support Office Sought: House District: 00	_
Ms. Kay Hagan	Oppose President Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought	975953.37 Disbursement For: Primary ☐ Gener 2014 Other (specify) ▶	al
(a) SUBTOTAL of Itemized Independent Expenditures	130.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	······································	
	spenditures reported herein were not made in cooperation, consultation, or concert authorized committee or agent of either, or (if the reporting entity is not a political t.	
Ms. Emily Buchanan	[Electronically Filed] Date 10 10 2014	
Signature		

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	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed	I on Man / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Colton R Overcash	10 08 2014
Mailing Address 121 Ohara Dr	Amount
City State Zip Code	92.70
Salisbury NC 28147	Transaction ID : 142b680f-f0d3-4d0a-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  O02	10 08 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District:00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary
Full Name of Payee	
Rebecca A Shearer	Date of Public Distribution/Dissemination  10 08 2014
Mailing Address 6544 Arno College Grove Rd	Amount
City State Zip Code	35.00
College Grove TN 37046	Transaction ID : cfbc1311-8d7d-4467-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	10 08 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Mr. Mark L Pryor Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures	127.70
(b) SUBTOTAL of Unitemized Independent Expenditures	1 1 7 1 1 7 1 1 7 1
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not mouth, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	10 10 2014
Signature	

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OF

Schedule E)	PENT EXTEND	HONES	PAGE 85 OF 114 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee Rebecca A Shearer			Date of Public Distribution/Dissemination
Mailing Address 6544 Arno College Grove Rd			10 08 2014
6544 Allio College Grove Rd			Amount
City	State	Zip Code	21.30
College Grove	TN	37046	Transaction ID: e956d12e-fd30-4bc3-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 08 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought		139583.69	Disbursement For: ☐ Primary ☐ General  2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Parker H Morrow			10 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 506 N Horton Street			Amount
City	State	Zip Code	35.00
Searcy	AR	72143	Transaction ID: 031581f9-2ad6-4e7c-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 08 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7 7	139583.69	Disbursement For:  Primary  General
(a) SUBTOTAL of Itemized Independent Exper	ditures		56.30
(b) SUBTOTAL of Unitermized Independent Exp	enditures		<b>)</b>
(c) TOTAL Independent Expenditures			<b>&gt;</b>
	ndidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 / 10 / 2014
-			

Schedule E)	LXI END	TOTILO		PAGE 86 OF 114 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Parker H Morrow			10	08 / 2014
Mailing Address 506 N Horton Street			Amount	
City	State	Zip Code		21.30
Searcy	AR	72143		D: 5b2cbe6d-0d15-4fdc-8 rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	08 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President >	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	1	39583.69	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Brenda L McCune			M = M /	08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1254 Fleming St Apt 6			Amount	
City	State	Zip Code		50.00
Conway	AR	72032		: 40f1aed7-e656-425b-9 rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	08 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President >	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , , ,	139583.69	Disbursement For: 2014 Other (sp	Primary
(a) SUBTOTAL of Itemized Independent Expenditure:	e			71.30
(a) SOBIOTAL OF REINIZED INDEPENDENT EXPENDITURE.	3		<u> </u>	71.30
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		<b>•</b>	
(c) TOTAL Independent Expenditures			<b>•</b>	
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	e or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 / 10	2014
-				

Schedule E)	ar ENDITONES	PAGE 87 OF 114 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report fi	led on Mam / Dad / Yayayay
Full Name of Payee Brenda L McCune		Date of Public Distribution/Dissemination
Mailing Address 1254 Fleming St Apt 6		10 08 2014  Amount
City State	e Zip Code	18.00
Conway AR	·	Transaction ID : 3c93d9a3-a05c-4656-b  Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 08 / 9 2014
Name of Federal Candidate	Support Of	ffice Sought: House District: 00
Mr. Mark L Pryor	Oppose [	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		sbursement For:
Full Name of Payee		Date of Public Distribution/Dissemination
Evelyn Lesaicherre		10 08 2014
Mailing Address 629 Radiance Ave		Amount
City State	•	80.00
Metairie LA	70001	Transaction ID: 64e72e28-1fb0-46bf-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 08 7 2014
Name of Federal Candidate	Support O	ffice Sought: House District: 00
Ms. Mary L Landrieu	Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought		isbursement For: ☐ Primary ☐ General O14 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		00.00
(a) SOBTOTAL OF REINIZED INDEPENDENT Expenditures	•	98.00
(b) SUBTOTAL of Unitemized Independent Expenditures	•	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or a party committee) any political party committee or its agent.	authorized committee or agent of ei	
Ms. Emily Buchanan	[Electronically Filed] Date	10 10 2014
Signature		

				FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee			Date	of Public Distribution/Dissemination
Evelyn Lesaicherre				10 08 2014
Mailing Address 629 Radiance Ave			Amou	unt
City	State	Zip Code		3.60
Metairie	LA	70001		saction ID: 7f760a98-73b0-4b1e-b of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		10 08 / 2014
Name of Federal Candidate		Support	Office Sough	ht: House District: 00
Ms. Mary L Landrieu		X Oppose	Presid	lent Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	156053.65	Disbursemen 2014	nt For:
Full Name of Payee Carl Brent			Date	of Public Distribution/Dissemination
Mailing Address 6718 Lake Willow Dr			Amo	10 08 2014
		7: 0 :		
City New Orleans	State LA	Zip Code 70126	Trans	80.00 action ID : 2928e1e7-8616-40ab-9
Purpose of Expenditure		T	Date	of Disbursement or Obligation
Salary		Category/ Type 001	_	10 08 7 2014
Name of Federal Candidate		Support	Office Soug	ht: House District: 00
Ms. Mary L Landrieu		X Oppose	Presid	dent State: LA
Calendar Year-To-Date Per Election for Office Sought		156053.65	Disburseme 2014	nt For:
(a) SUBTOTAL of Itemized Independent Expendit	ures		· •	83.60
(b) SUBTOTAL of Unitemized Independent Exper	nditures		· •	7
(c) TOTAL Independent Expenditures			·· • [	
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or	idate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	e 10	10 / Y - Y - Y - Y - Y - Y - Y - Y - Y - Y
Signature				

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Schedule E)	PENT EXTEND	TIONES	PAGE 89 OF 114 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Carl Brent			10 08 2014
Mailing Address 6718 Lake Willow Dr			Amount
City	State	Zip Code	12.30
New Orleans	LA	70126	Transaction ID : bc918a59-d1b1-4781-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 08 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	156053.65	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Adena V Smith			10 08 7 2014
Mailing Address 450 Judson Dr			Amount
City	State	Zip Code	37.50
Wake Forest	NC	27587	Transaction ID : 7c18c9b0-c46b-4167-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 / 08 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		975953.37	Disbursement For:  Primary  General  General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	ditures		49.80
(I) OUDTOTAL (III II I			
(b) SUBTOTAL of Unitermized Independent Exp	penditures		•
(c) TOTAL Independent Expenditures			<b>&gt;</b>
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- 3			

		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷V	omen Speak Out PAC	C C00530766
Che	ck if 24-hour report X 48-hour report New report Amends report filed	on Mam / Dab / Yayayay
Т	Full Name of Payee	Date of Public Distribution/Dissemination
	Taylor N Randall	10 08 2014
	Mailing Address 2002 E Park Ave	Amount
	Apt 40	20.00
	City State Zip Code Searcy AR 72143	60.00  Transaction ID: 08a9e3a0-fdbc-4039-9  Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	10 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	Sought: House District: 00
	Mr. Mark L Pryor Oppose	President State: AR State:
	Calendar Year-To-Date Per Election for Office Sought  Disbur 2014	sement For: Primary General  Other (specify) ▶
	Full Name of Payee Serena A Jones  Mailing Address 7151 Mullins Drive	Date of Public Distribution/Dissemination
		Amount
	City State Zip Code	90.00
		Transaction ID: 0c71ebb5-252b-4585-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	10 08 / 2014
	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC State:
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	rsement For: Primary X General  Other (specify) ▶
(8	a) SUBTOTAL of Itemized Independent Expenditures	150.00
(I	b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(0	c) TOTAL Independent Expenditures	
W	nder penalty of perjury I certify that the independent expenditures reported herein were not maith, or at the request or suggestion of, any candidate or authorized committee or agent of either, arty committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date Signature	0 10 / 2014
	Oignaturo ————————————————————————————————————	<del></del>

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OF

Schedule E)	I EXI END	TOTILO	_	AGE 91 OF 114 OR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDEN	ITIFICATION NUMBER ▼
Women Speak Out PAC			C co	0530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	t filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public D	istribution/Dissemination
Serena A Jones			10	08 / 2014
Mailing Address 7151 Mullins Drive			Amount	
City	State	Zip Code		59.40
Saltville	VA	24370		ee48cd4c-ec14-4f18-8 ement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	08 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	5	975953.37	Disbursement For: 2014 Other (speci	Primary
Full Name of Payee			Date of Public D	Distribution/Dissemination
Laura U Logie			10	08 / 2014
Mailing Address 2565 Shire Circle			Amount	
City	State	Zip Code		30.00
Harrisonburg	VA	22801		db7b23d9-47c3-43c4-a ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	08 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	156053.65	Disbursement For: 2014 Other (speci	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditure	es			89.40
			7	7 -
(b) SUBTOTAL of Unitemized Independent Expendit	ures		<b>&gt;</b>	7
(c) TOTAL Independent Expenditures			<b>•</b>	4112
Under penalty of perjury I certify that the independed with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ite or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 10 /	2014
<b>5</b>				

Schedule E)			<b>+</b>	PAGE 92 OF 114 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				ENTIFICATION NUMBER ▼
Women Speak Out PAC				C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Shelbi L Randall			M = M /	Distribution/Dissemination
Mailing Address 202 East Park Ave Apt 40			Amount	08 2014
City	State	Zip Code		60.00
Searcy	AR	72143		D: c0640bd3-27b8-4ba8-8 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	08 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		X Oppose	President >	
Calendar Year-To-Date Per Election for Office Sought	, ,	139583.69	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee	_		Date of Public	Distribution/Dissemination
Kelly Dolan			10	08 / 2014
Mailing Address 543 S 2nd St			Amount	
City	State	Zip Code		60.00
Bellaire  Purpose of Expenditure	NC	77401		: 9f16e340-439a-4f9e-8 rsement or Obligation
Salary		Category/ Type 001	10	08 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 1 7	156053.65	Disbursement For: 2014 Other (spe	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditur	es			120.00
(b) SUBTOTAL of Unitemized Independent Expendent	itures		· ·	
(c) TOTAL Independent Expenditures			·	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 / 10	2014

Schedule E)	II EXI END	ITOTILO	<u> </u>	PAGE 93 OF 114 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			Cc	00530766
Check if 24-hour report X 48-hour report	X New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Kelly Dolan			10	08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 543 S 2nd St			Amount	
City	State	Zip Code		60.00
Bellaire	NC	77401		: 154f3b86-3152-43d3-9 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	08 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, ,	156053.65	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee	_		Date of Public	Distribution/Dissemination
Shelbi L Randall			10	08 / 2014
Mailing Address 202 East Park Ave Apt 40			Amount	
City	State	Zip Code		24.72
Searcy	AR	72143		c c8cffe0b-aa32-406a-9 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	08 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		Oppose	President X	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7 7	139583.69	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expenditur	es			84.72
			7	7-1-7-1
(b) SUBTOTAL of Unitemized Independent Expendent	tures		<b>&gt;</b>	
(c) TOTAL Independent Expenditures			<b>•</b>	7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 10	2014
=				

Schedule E	)	itti Exi Eitb			PAGE 94 OF 114 FOR SE OF FORM 24/48
	MMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women S	peak Out PAC				C C00530766
Check if 2	4-hour report X 48-hour report	New rep	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
Full Name	of Payee			Date	of Public Distribution/Dissemination
Kelly D	olan				10 08 2014
Mailing Add	lress 543 S 2nd St			Amou	nt
City		State	Zip Code		9.00
Bellaire		NC	77401		action ID : fff2560c-da63-49af-b of Disbursement or Obligation
Purpose of Mileage	Expenditure		Category/ Type 002	N	10 08 / 2014
Name of F	ederal Candidate		Support	Office Sough	t: House District:00
Ms. Mary L	Landrieu		X Oppose	Preside	ent Senate State: LA
	dar Year-To-Date ection for Office Sought		156053.65	Disbursemen 2014 O	t For:
Full Name				Date	of Public Distribution/Dissemination
Kelly D	olan			T.	10 08 2014
Mailing Ad	dress 543 S 2nd St				10 00 2014
	0.10 0 2.10 01			Amou	nt
City		State	Zip Code		9.00
Bellaire		NC	77401	Transa Date	oction ID : ccef82e7-3b9f-44f0-9 of Disbursement or Obligation
Purpose of Mileage	Expenditure		Category/ Type 002		10 / 08 / 2014
Name of F	ederal Candidate		Support	Office Sough	t: House District: 00
Ms. Mary l	Landrieu		X Oppose	Preside	
	dar Year-To-Date ection for Office Sought	7	156053.65	Disbursemer 2014 C	t For:
(a) SUBTO	<b>TAL</b> of Itemized Independent Expendit	ures		•	18.00
(b) SUBTO	TAL of Unitemized Independent Exper	nditures		<b>•</b>	4 1 4 1 4
(c) TOTAL	ndependent Expenditures			•	7 1 7 1 7
with, or at the	ty of perjury I certify that the independent request or suggestion of, any cand ttee) any political party committee or	idate or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	m m /	10 / 2014
Signature					

Schedule E)	INT EXTEND	TIONES	PAGE 95 OF 114 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Stephanie L Heun			10 08 7 2014
Mailing Address 8026 S Wilwood Dr Apt 101			Amount
City	State	Zip Code	29.50
Oak Creek	WI	53154	Transaction ID : d2c97e0a-8497-4f6e-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 08 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		156053.65	Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee	·		Date of Public Distribution/Dissemination
Shantal C Culbreath			10 08 2014
Mailing Address 4691 Hercules Lane			Amount
City	State	Zip Code	80.00
Woodbridge	VA	22193	Transaction ID: 28b2e975-013a-4c90-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	156053.65	Disbursement For: Primary X General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	tures		. ▶ 109.50
(b) SUBTOTAL of Unitemized Independent Expe	nditures		•
(c) TOTAL Independent Expenditures			•
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>V</b>			

Schedule E)	LIVI EXI LIVE	TOTILO	PAGE 96 OF 114 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee Shantal C Culbreath			Date of Public Distribution/Dissemination
Mailing Address 4691 Hercules Lane			10 08 2014
			Amount
City	State	Zip Code	80.00
Woodbridge	VA	22193	Transaction ID: 86ae11e6-d438-4396-b  Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 08 7 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	156053.65	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Xavier Miller			10 08 2014
Mailing Address 407 randall Dr			Amount
City	State	Zip Code	70.00
Searcy	AR	72143	Transaction ID : a4be1d43-e156-45a5-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 08 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7 7	139583.69	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		150.00
, , , , , , , , , , , , , , , , , , , ,			7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			•
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•			

	medule L)	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Nick Berryhill	10 08 2014
	Mailing Address 905 Lake Drive	Amount
	City State Zip Code	50.00
	Shelby NC 28152	Transaction ID : bd213e8e-9613-437d-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary X General
		Other (specify)
	Full Name of Payee Nick Berryhill	Date of Public Distribution/Dissemination
	Mailing Address 905 Lake Drive	10 08 2014 Amount
	City State Zip Code	2.40
	Shelby NC 28152	Transaction ID : 2d1b4eb5-d605-4dc6-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  O02	10 08 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary X General  Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	52.40
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	(F) 4 · 11 F · 11	0 10 2014
	Signature	
_		

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OF

Schedule E)	INT EXTERE	TIONES	PAG FOR	E 98 OF 114 SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FEC IDENTI	FICATION NUMBER ▼		
Vomen Speak Out PAC						
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D / Y = Y = Y		
Full Name of Payee			Date of Public Distr	ribution/Dissemination		
Christine Stevens				08 2014		
Mailing Address 100 Asbury Ct			Amount			
City	State	Zip Code		70.00		
Winchester	VA	22602	Transaction ID : c9 Date of Disbursement	90e122-c81d-494a-a ent or Obligation		
Purpose of Expenditure Salary		Category/ Type 001		08 / 2014		
Name of Federal Candidate		Support	Office Sought: Ho	use District: 00		
Ms. Mary L Landrieu		X Oppose	President X Se	nate State: LA		
Calendar Year-To-Date Per Election for Office Sought		156053.65	Disbursement For:  2014  Other (specify)	Primary X General  •		
Full Name of Payee			Date of Public Dist	ribution/Dissemination		
Jazmine d Conner				08 / 2014		
Mailing Address 100 ASBURY CT			Amount			
City	State	Zip Code		60.00		
WINCHESTER	VA	22602	Transaction ID : 4c4 Date of Disbursement			
Purpose of Expenditure Salary		Category/ Type 001		08 / 2014		
Name of Federal Candidate		Support	Office Sought: Ho	use District: 00		
Ms. Mary L Landrieu		Oppose	President Se			
Calendar Year-To-Date Per Election for Office Sought	7 7	156053.65	Disbursement For: 2014 Other (specify)	Primary X General  ▶		
(a) SUBTOTAL of Itemized Independent Expendent	tures		<b>•</b>	130.00		
(b) SUBTOTAL of Unitemized Independent Expe	nditures					
. ,			7	4 4		
(c) TOTAL Independent Expenditures			<b>&gt;</b>	4		
Under penalty of perjury I certify that the indeperment, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize					
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 10 /	2014		
•						

Schedule E)		1101120		PAGE 99 OF 114 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Jon E Conner			Date of Publi	ic Distribution/Dissemination
Mailing Address 100 Asbury Ct			10 Amount	08 2014
07:	01-12	7ta Oada		60.00
City Winchester	State VA	Zip Code 22602		60.00  ID: dee29c4a-cba5-4507-9 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 10	/ 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	156053.65	Disbursement For: 2014 Other (s	Primary
Full Name of Payee Rodney O Culbreath			Date of Publ	ic Distribution/Dissemination
Mailing Address 100 Asbury Ct			Amount	
City	State	Zip Code		70.00
Winchester  Purpose of Expenditure	VA	22602		D: e4317518-7a3d-46f4-b ursement or Obligation
Salary		Category/ Type 001	10	08 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	<b>T</b>	156053.65	Disbursement For: 2014 Other (s	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		. >	130.00
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		<b>&gt;</b>	
(c) TOTAL Independent Expenditures			·	7 1 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candic party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	10 / 10	2014
Signature				

Schedule E)			1101120		PAGE 100 OF 114 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In					FEC IDENTIFICATION NUMBER ▼
Women Speak Ou	t PAC				C C00530766
Check if 24-hour repor	t X 48-hour report	New rep	ort Amends repo	ort filed on	M
Full Name of Payee Laurel Littler					of Public Distribution/Dissemination
Mailing Address 145 Br	adford Circle			Amou	10 08 2014
City Clayton		State NC	Zip Code 27527		20.00 saction ID : 6dc57366-3540-4d16-a
Purpose of Expenditure Salary			Category/ Type 001		of Disbursement or Obligation  10 08 2014
Name of Federal Candi	date		Support	Office Sough	nt: House District: 00
Ms. Kay Hagan			Oppose	Presid	NO.
Calendar Year-To-D Per Election for Of	****	(	975953.37	Disbursemer 2014	nt For:
Full Name of Payee Laurel Littler  Mailing Address 145	Bradford Circle	_			of Public Distribution/Dissemination
				Amou	ınt
City Clayton		State NC	Zip Code 27527	<b>Trans</b> a Date	8.40 action ID : ceff0955-b996-4c36-a of Disbursement or Obligation
Purpose of Expenditure Mileage			Category/ Type 002		10 08 / Y Y Y Y
Name of Federal Candi	date		Support	Office Sough	nt: House District:00
Ms. Kay Hagan			Oppose	Presid	ent State: NC
Calendar Year-To-Der Election for O		7 7	975953.37	Disbursemer 2014	nt For:
(a) SUBTOTAL of Itemiz	red Independent Expenditur	es		•	28.40
(b) SUBTOTAL of United	mized Independent Expend	itures		- <b>-</b>	
(c) TOTAL Independent	Expenditures				7
with, or at the request or		ate or authorized			cooperation, consultation, or concert the reporting entity is not a political
Ms. Emily Bu	uchanan	[Electron	ically Filed] Date	e 10	10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature					

Schedule E)				PAGE 101 OF 114 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼		
Women Speak Out PAC						
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	rt filed on	M / D = D / Y = Y = Y		
Full Name of Payee Lucas H Hoyle			М			
Mailing Address 282 Falls Ave			Amount	0 08 2014		
City	State	7in Codo		40.00		
Granite Falls	NC	Zip Code 28630		ction ID: e3ac8414-711e-4f73-b Disbursement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001	М			
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Ms. Kay Hagan		X Oppose	Presiden			
Calendar Year-To-Date Per Election for Office Sought	9	75953.37	Disbursement I 2014 Oth	For: Primary X General er (specify) ▶		
Full Name of Payee Lucas H Hoyle			М	Public Distribution/Dissemination		
Mailing Address 282 Falls Ave			1 Amount	0 08 2014		
City	State	Zip Code		14.70		
Granite Falls	NC	28630		tion ID : 8651abb1-71c0-4ba2-b Disbursement or Obligation		
Purpose of Expenditure Mileage		Category/ Type 002		0 08 2014		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Ms. Kay Hagan		Noppose Noppose	Presiden			
Calendar Year-To-Date Per Election for Office Sought	, ,	975953.37	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures	S		•	54.70		
(b) SUBTOTAL of Unitemized Independent Expenditu	ires					
(c) TOTAL Independent Expenditures			•	7 7 7		
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	e or authorized					
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	4.0	10 / 2014		

Schedule E)	ENT EXILID	THORIES	PAGE 102 OF 114 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766		
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Jeanne Tribou			10 08 / 2014
Mailing Address 22369 Ponderosa Dr.			Amount
City	State	Zip Code	70.00
Mandeville	LA	70471	Transaction ID : a6ef2a56-25de-429b-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 08 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	.,,	156053.65	Disbursement For:  Primary  General 2014  Gther (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Jeanne Tribou			10 08 7 2014
Mailing Address 22369 Ponderosa Dr.			Amount
City	State	Zip Code	14.40
Mandeville	LA	70471	Transaction ID : fb4bae61-f427-42e7-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 08 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		156053.65	Disbursement For:  Primary  ☐ General  2014  Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expendent	litures		84.40
(4)			
(b) SUBTOTAL of Unitemized Independent Exp	enditures		. •
(c) TOTAL Independent Expenditures			·
	didate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 10 / 2014
•			

Schedule E)		PAGE 103 OF 114 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New	v report Amends report fil	led on Man / Dab / Yayayay
Full Name of Payee Rodney D Culbreth		Date of Public Distribution/Dissemination
Mailing Address 100 Asbury CT		10 08 7 2014
3200 Dam Neck Rd		Amount
City State	Zip Code	70.00
Winchester VA	22602	Transaction ID: 6c878dad-2765-4134-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 08 / Y Y Y Y Y Y
Name of Federal Candidate	Support Of	fice Sought: House District: 00
Ms. Mary L Landrieu	Oppose [	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		sbursement For: Primary X General  14 Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Rze Culbreath		10 08 2014
Mailing Address 100 Asbury Ct		Amount
City State	Zip Code	70.00
Winchester VA	22602	Transaction ID : 6f62c768-85d8-4a76-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 08 2014
Name of Federal Candidate	Support Of	ffice Sought: House District: 00
Ms. Mary L Landrieu	Oppose [	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		isbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures		140.00
(a) SOBTOTAL OF REMIZED INDEPENDENT EXPENDITURES	·····	140.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	····	
Under penalty of perjury I certify that the independent expendit with, or at the request or suggestion of, any candidate or author party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Ele	ctronically Filed] Date	10 10 2014
Signature		

<b>,</b>	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report  48-hour report  New report  Amends report f	iled on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Michael Vidrine	10 08 2014
Mailing Address 1103 West Wilson Street	Amount
City State Zip Code	60.00
Ville Platte  LA 70586	Transaction ID : 26180113-4d85-43b0-a Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	10 08 2014
Name of Federal Candidate Support O	ffice Sought: House District: 00
Ms. Mary L Landrieu Oppose	President State: LA
Calcillati Ical Ic Batc	isbursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Michael Vidrine	Date of Public Distribution/Dissemination
Mailing Address 1103 West Wilson Street	Amount
City State Zip Code	32.10
Ville Platte LA 70586	Transaction ID : a10af799-13df-4666-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	10 08 2014
Name of Federal Candidate Support O	office Sought: House District: 00
Ms. Mary L Landrieu Oppose	President State: LA
	isbursement For:  Primary  General  General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	92.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eigenty committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	10 10 2014
Signature	بسنا سا س

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			FOR SE OF FORM 24/48
	MITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
vvomen S	oeak Out PAC		C C00530766
Check if 2	-hour report X 48-hour report No	ew report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name			Date of Public Distribution/Dissemination
Michae	Vidrine		10 08 2014
Mailing Add	ress 1103 West Wilson Street		Amount
City	State	Zip Code	60.00
Ville Platte	LA	70586	Transaction ID: 85bb7ec7-3b2e-4470-b Date of Disbursement or Obligation
Purpose of Salary	Expenditure	Category/ Type 001	10 08 7 2014
Name of Fe	deral Candidate	Support Office	Sought: House District:00
Ms. Mary L	Landrieu	Oppose	President X Senate State: LA
	ar Year-To-Date action for Office Sought	156053.65 Disbut 2014	rsement For:
Full Name			Date of Public Distribution/Dissemination
Michael	Vidrine		10 08 2014
Mailing Add	ress 1103 West Wilson Street		Amount
City	State	Zip Code	32.10
Ville Platte	LA	70586	Transaction ID: 6f470650-ac9d-4857-b  Date of Disbursement or Obligation
Purpose of Mileage	Expenditure	Category/ Type 002	10 08 2014
Name of F	deral Candidate	Support Office	Sought: House District: 00
Ms. Mary L	Landrieu	∑ Oppose □	President Senate State: LA
	ar Year-To-Date ection for Office Sought	156053.65 Disbu 2014	rsement For: Primary X General  Other (specify) ▶
(a) SUBTOT	AL of Itemized Independent Expenditures	·····	92.10
(b) SUBTOT	AL of Unitemized Independent Expenditures	·····	
(c) TOTAL	ndependent Expenditures	·····	1 7 1 7 1 7
with, or at th	y of perjury I certify that the independent expen- e request or suggestion of, any candidate or auti ee) any political party committee or its agent.		
Cimerate	Ms. Emily Buchanan [E	Electronically Filed] Date	0 10 2014
Signature			

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OF

Sch	nedule E)	10.120	PAGE 106 OF 114 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC		C C00530766
Ched	ck if 24-hour report X 48-hour report New report	ort Amends repor	t filed on
T	Full Name of Payee  Jeremy Hollar		Date of Public Distribution/Dissemination
1	Mailing Address 121 Meadowview Drive		10
	City State 2	Zip Code	30.00
	•	28607	Transaction ID: eb293d3d-8520-4507-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	M 10
T	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Kay Hagan	Oppose	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	75953.37	Disbursement For:  Primary
	Full Name of Payee Kaitlyn B Allen		Date of Public Distribution/Dissemination  10 08 / Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
	Mailing Address 2121 Daniel Dr		Amount
	City State 2	Zip Code	80.00
	Searcy AR	72143	Transaction ID: ef52a7f8-ea6d-4fc6-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	10 08 / Y 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Mr. Mark L Pryor	X Oppose	President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	139583.69	Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶
(a	a) SUBTOTAL of Itemized Independent Expenditures		110.00
(t	b) SUBTOTAL of Unitemized Independent Expenditures		<b>&gt;</b>
(0	C) TOTAL Independent Expenditures		<b>)</b>
W	Inder penalty of perjury I certify that the independent expenditures resist, or at the request or suggestion of, any candidate or authorized arry committee) any political party committee or its agent.		
		cally Filed] Date	10 10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature		

Schedule E)	INT EXICITE	ATTOTILES	PAGE 107 OF 114 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766		
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Jeremy Hollar			10 08 / 2014
Mailing Address 121 Meadowview Drive			Amount
City	State	Zip Code	19.50
Boone	NC	28607	Transaction ID: 51cb5a5e-0f55-4eb3-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 08 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		975953.37	Disbursement For:
Full Name of Payee	<u> </u>		Date of Public Distribution/Dissemination
Kaitlyn B Allen			10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2121 Daniel Dr			Amount
City	State	Zip Code	74.40
Searcy	AR	72143	Transaction ID: 837d9b84-daee-4a56-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 / 08 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought		139583.69	Disbursement For:  Primary  General
(a) SUBTOTAL of Itemized Independent Expend	tures		93.90
(4)			7 7 7
(b) SUBTOTAL of Unitemized Independent Expe	nditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			·
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	10 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
2. <del>0</del>			

Schedule E)	EXI EIID				PAGE 108 OF 114 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C	C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amen	ds repor	t filed on	/ D = D / Y = Y = Y
Full Name of Payee John P Hilkert				Date of Pub	lic Distribution/Dissemination
Mailing Address 7 Bards Lane				10 Amount	08 2014
City	State	Zip Code			40.00
Fletcher	NC	28732			ID: e5f2fed5-6acd-423f-b oursement or Obligation
Purpose of Expenditure Salary		Category/ Type	001	10	08 / 2014
Name of Federal Candidate		Sur	port	Office Sought:	House District: 00
Ms. Kay Hagan			oose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	g	975953.37		Disbursement For: 2014 Other (s	Primary
Full Name of Payee  John P Hilkert				Date of Pub	olic Distribution/Dissemination
				10	08 / Y Y Y Y Y
Mailing Address 7 Bards Lane				Amount	
City	State	Zip Code			13.20
Fletcher	NC	28732			ID: 8c1391b0-d042-4759-9 bursement or Obligation
Purpose of Expenditure Mileage		Category/ Type	002	10 <sup>M</sup>	08 / 2014
Name of Federal Candidate		Sup	oport	Office Sought:	House District: 00
Ms. Kay Hagan		X Opp	pose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	975953.37		Disbursement For: 2014 Other (	Primary X General Specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				<b>•</b>	53.20
(b) SUBTOTAL of Unitemized Independent Expenditu	res			<b>•</b>	
(c) TOTAL Independent Expenditures				<b>,</b>	4 4
Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized				
Ms. Emily Buchanan	[Electron	ically Filed]	Date	10 / 10	2014
Signature					

<b>,</b>	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report f	iled on
Full Name of Payee	Date of Public Distribution/Dissemination
Amelia Brackett	10 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 804 Roundabout Circle	Amount
City State Zip Code	80.00
Searcy AR 72143	Transaction ID : 1f830a86-5dc4-48d5-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	10 08 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support O	ffice Sought: House District: 00
Mr. Mark L Pryor Oppose	President State: AR
Calcinal Ical Ic Batc	isbursement For: Primary
Full Name of Davis	
Full Name of Payee Rachel L Anzalone	Date of Public Distribution/Dissemination  10 08 2014
Mailing Address 2319 West Oak	10 08 2014 Amount
City State Zip Code	20.00
El Dorado AR 71730	Transaction ID : 0e22e27e-55fe-44da-a Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	10 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support C	office Sought: House District: 00
Mr. Mark L Pryor Oppose	President Senate State: AR
	isbursement For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures	100.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of exparty committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	10 10 2014
Signature	

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OF

Schedule E)	AFLINDI	TUNES		PAGE 110 OF 114 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	rt filed on	M = M / D = D / Y = Y = Y = Y
Full Name of Payee Rachel L Anzalone			Dat	e of Public Distribution/Dissemination
Mailing Address 2319 West Oak				10 08 2014
2319 West Oak			Am	ount
City Stat	te	Zip Code		16.56
El Dorado AF	R	71730		nsaction ID : c1eb7a1a-340b-472f-a e of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		10 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sou	ight: House District: 00
Mr. Mark L Pryor		Oppose	Pres	sident X Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	. 1	39583.69	Disbursem 2014	nent For: Primary X General Other (specify) ▶
Full Name of Payee			Dat	te of Public Distribution/Dissemination
Brittnie W Campbell				10 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 5828 Rena Road			Am	ount
City Sta	ite	Zip Code	-	10.00
Hamptonville No	С	27020		nsaction ID: 87e95274-55ce-49af-b te of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		10 7 7 2014
Name of Federal Candidate		Support	Office Sou	ught: House District: 00
Ms. Kay Hagan		Oppose	Pres	sident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		975953.37	Disbursem 2014	nent For:
(a) SUBTOTAL of Itemized Independent Expenditures			. [	26.56
(a) SOBTOTAL OF REMIZED INDEPENDENT EXPENDITURES			•	26.56
(b) SUBTOTAL of Unitemized Independent Expenditures.			•	7 1 7 1 7
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent ex with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	10	10 2014
Signature				

Schedule	E)		1101120		PAGE 111 OF 114 FOR SE OF FORM 24/48
	DMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women	Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on	M / D D / Y B Y B Y
		12.51			
Elvis	e of Payee Spears				of Public Distribution/Dissemination  10 06 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing A	ddress 2150 Hope St			Amour	nt
City		State	Zip Code		80.00
New Orle		LA	70119		action ID : 4ff88c57-668c-4abb-b of Disbursement or Obligation
Purpose ( Salary	of Expenditure		Category/ Type 001	M	10 06 / 2014
Name of	Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Mary	L Landrieu		X Oppose	Preside	
	ndar Year-To-Date Election for Office Sought	7	156053.65	Disbursement 2014 Of	t For:
Full Nam Elvis S	e of Payee Spears				of Public Distribution/Dissemination
Mailing A	ddress 2150 Hope St			L	10 06 2014
	·			Amou	nt
City		State	Zip Code		2.40
New Orle		LA	70119		ction ID: 4823967a-76f4-4570-a f Disbursement or Obligation
Mileage	of Expenditure		Category/ Type 002	M	10 06 7 2014
Name of	Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Mary	L Landrieu		X Oppose	Preside	
	ndar Year-To-Date Election for Office Sought		156053.65	Disbursemen 2014 O	t For:
(a) SUBTO	DTAL of Itemized Independent Expen	ditures			82.40
` ,					
(b) SUBTO	OTAL of Unitemized Independent Exp	enditures		· •	7 1 7 1 7
(c) TOTAL	. Independent Expenditures			•	7
with, or at	alty of perjury I certify that the indep the request or suggestion of, any ca nittee) any political party committee of	ndidate or authorized			
	Ms. Emily Buchanan	[Electron	cically Filed] Date	m / 10	10 2014
Signatu	re				

Schedule E)	DENT EXTEND	ITORES	PAGE 112 OF 114 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Elvis Spears			10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2150 Hope St			Amount
City	State	Zip Code	80.00
New Orleans	LA	70119	Transaction ID: 97f3d438-e116-400f-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 07 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought		156053.65	Disbursement For: Primary General  2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Elvis Spears			10 07 7 2014
Mailing Address 2150 Hope St			Amount
City	State	Zip Code	3.30
New Orleans	LA	70119	Transaction ID : 10fb69ba-26a4-4811-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 / 07 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		156053.65	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	ditures		83.30
			7 7
(b) SUBTOTAL of Unitemized Independent Exp	penditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			•
	ndidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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Schedule E)	DENT EXTEND	TOTILO	PAGE 113 OF 114 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repo	rt New rep	ort Amends repo	rt filed on
Full Name of Payee Cynthia J Christmas			Date of Public Distribution/Dissemination
Mailing Address 1731 Frenchmen St			10 06 2014
			Amount
City	State	Zip Code	80.00
New Orleans	LA	70116	Transaction ID: 359b2548-44ad-431d-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 / 06 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	1	56053.65	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Cynthia J Christmas			10 06 7 2014
Mailing Address 1731 Frenchmen St			Amount
City	State	Zip Code	2.40
New Orleans	LA	70116	Transaction ID : 3a17be32-a90c-4ca5-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 06 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		156053.65	Disbursement For:  Primary  General  2014  Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	enditures		82.40
,			7 7
(b) SUBTOTAL of Unitemized Independent Ex	rpenditures		<b>•</b>
(c) TOTAL Independent Expenditures			<b>&gt;</b>
	andidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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······································	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed	I on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Cynthia J Christmas	10 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1731 Frenchmen St	Amount
City State Zip Code	80.00
New Orleans LA 70116	Transaction ID : fa6d1920-695a-49c9-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	10 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District:00
Ms. Mary L Landrieu Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary
Full Name of Payee	
Cynthia J Christmas	Date of Public Distribution/Dissemination  10 07 2014
Mailing Address 1731 Frenchmen St	Amount
City State Zip Code	3.30
New Orleans LA 70116	Transaction ID : 29dfb9dc-3a56-46f9-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	10 07 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Mary L Landrieu Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought  Disbrace 2014	ursement For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures	83.30
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	9297.25
Under penalty of perjury I certify that the independent expenditures reported herein were not mount with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan  [Electronically Filed] Date	10 10 2014
Signature	

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